



Inspection Report on

The Old Vicarage Private Nursing Home

**Marina United Ltd
53 Sketty Park Road Sketty
Swansea
SA2 9AS**

Date Inspection Completed

25/10/2021
19 & 25 October 2021

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About The Old Vicarage Private Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Marina United Ltd
Registered places	47
Language of the service	English
Previous Care Inspectorate Wales inspection	16 May 2019
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer'.

Summary

This was an unannounced inspection as part of our programme of scheduled inspections. People and their relatives are satisfied with the care and support they receive. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Safety equipment is in place and health referrals are made in order to promote peoples' health and well-being. The service provider has developed systems to enable them to capture people's views but systems to develop person centred information could be further developed. The management team have put checks and processes in place to keep service delivery under constant review.

Improvement is required with provider assessments, monitoring and recording skin integrity. Supervision and appraisal of staff and auditing of medicines also need improvement.

The manager is registered with Social Care Wales (SCW).

Well-being

People have control over day-to-day life. People told us they have a good relationship with staff and commented, *“the staff are great”, “they’re kind” and “we get along fine”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly attend the service and speak with people who live at the service and their families about what matters in their lives and how to continue to best support them. Staff commented they feel supported by the manager and RI. Relatives told us the manager is approachable. Comments include *“the manager is brilliant”* and *“they ring me and I can always ring when I want to speak to them”*.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and physiotherapy. This is confirmed by a visiting healthcare professional. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the people who live there. We observed activities taking place during our visit and healthcare professionals told us *“people are engaged in the way they want”*.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the home tell us they feel safe and secure and their families tell us they feel their relatives are in safe hands.

People live in suitable accommodation, which overall supports and encourages their well-being. People’s rooms are pleasant and contain personalised items of their choice and are suitably furnished. They have facilities, which encourage their independence and enables them to have private time. One person told us *“My room is just how I like it, it’s comfortable”*.

Care and Support

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Visitors are required to complete a short COVID-19 questionnaire. Staff wear appropriate PPE and follow correct procedures. The home is clean and tidy at a time when refurbishment work is being carried out throughout the home. Staff maintain appropriate standards of hygiene and cleaning schedules are in place. Oversight and auditing of infection control measures are in place. The home has sufficient stock of PPE.

Monitoring of care and support requires improvement. We examined a sample of care files for people identified as being high risk in relation to skin integrity. The records (known as "skin bundles") are inconsistently completed. The sample of records viewed relating to weight, nutrition, fluid intake and repositioning are insufficient. Records of care provided, including daily records or records of specific care interventions should be reviewed to consider the appropriateness of current arrangements. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Improvement is needed with provider assessments of individuals when they first arrive at The Old Vicarage. In the sample of care records viewed, most did not have fully completed assessments with sufficient detail in place. The RI commented that this was partly due to the impact of the pandemic. However, information regarding individuals life history, what is important to them and how best to support them was limited. Risk assessments need updating to include any changes since the assessment was first completed and reflect current care and support needs. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The systems for medicines management need improvement as the medication audits are not always effective and not sufficiently robust. Disposal of medication has not been signed for which needs two signatures. We discussed this with the nurse in charge who agreed to address this immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Medication administration records are accurately completed. Training for staff with responsibility for administration of medication was in place. Medication room temperatures were consistently completed on a daily basis.

Environment

The environment supports people to achieve their personal outcomes. There are private gardens with sufficient seating, tables and areas of interest for people to enjoy sitting out on the patio area. The home is in the process of refurbishment in various areas. The RI explained that continual refurbishment work is underway to improve both the internal and external environment. The system of monitoring and auditing which is in place to support a planned maintenance schedule and renewal programme for the fabric and decoration of the premises needs reviewing to ensure it is sufficient. The internal areas of the home are pleasant and benefit from regular updating.

The service provider ensures measures are in place to manage risks to people's health and safety. Safety records show that checks are carried out to identify and address any problems but these need strengthening. A window restrictor was not in place in a bedroom of the sample seen by us, which the RI explained was in the process of being replaced. In the meantime, risk assessments have been put in place until the new restrictors are fitted. Materials that have the potential to cause harm are well organised and stored securely inside the premises. Emergency alarm pull cords were accessible to the residents. We tested the emergency call bell and had a prompt response.

Information is stored securely in a locked office and care documentation is treated sensitively ensuring people's privacy is upheld.

The laundry room is well organised and has a separate entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is shelving for linen storage in place with individual baskets for each resident. There is a storage area for household waste and clinical waste bins, which was well organised and tidy.

Leadership and Management

The service provider has governance arrangements in place to support the operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning, but these require attention. The service is provided in line with the objectives of the Statement of Purpose' which is in need of updating to include advocacy information. There is a service user guide available for people living at the home. People and families give positive feedback about the care provided. We saw policies and procedures are in place and updated such as a falls policy, infection control and safeguarding.

People can mostly be assured that the service provider and management of the home monitor the quality of the service they receive. There is a comprehensive amount of audits carried out at the service but these would benefit from reviewing to ensure the right audits are being completed at the right time. The Responsible Individual (RI) visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which evidenced some people's feedback and recommendations for improvements in the home. We saw evidence that the RI has oversight of the service. We looked at documentation that confirmed the RI mostly conducts quarterly assurance monitoring visits to the home.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI told us of plans of continued investment at the home such as providing new up to date equipment, or improving the look of the home and a new call system recently put in place.

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our visit. We saw there are sufficient numbers of staff available when needed. A relative commented, "*the staff are lovely, caring and professional*" and another commented that "*the management are superb and always there when you need them*". Improvement is needed with staff supervision and appraisal. The sample of staff supervision and appraisal records examined show they are not carried out at the required frequency. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We were shown a training matrix, which includes mandatory courses as well as other courses.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

Provider assessments should be of fully completed with sufficient quality and detail and signed.	Regulation 18(1)
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People identified as being at risk of pressure sores should have records (Skin Bundles) of formal monitoring of Skin Integrity consistently completed.	Regulation 21(1)
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The Medication policy and audits need to be reviewed and developed to be more robust to ensure safety of people.	Regulation 58(2)(b)
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Supporting and developing staff with staff supervision and appraisal needs to be completed at the frequency and in the amount required by the regulations. Appraisal should be annual and supervision quarterly.	Regulation 36(2)(c)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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