



Inspection Report on

Rozelle Nursing Home

**93 BRECON ROAD
ABERGAVENNY
NP7 7RE**

Date Inspection Completed

18 August 2021

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About Rozelle Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	SKM MEDICAL LIMITED
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh Language Provision on this occasion.

Summary

This was a focussed inspection. Significant improvements have been made to falls management and the clinical oversight of people's health and support needs. Activity and visiting arrangements are in place to promote people's overall well-being. Care documentation available for staff has shown improvement, however, the revision of personal plans needs to be consistent. Staff are kind and attentive. The oversight of hand hygiene practices requires attention. The mechanisms in place to ensure staff receive appropriate support and training have been strengthened and staff feel supported. Staffing levels have increased and maintained at night-time. The service provider needs to ensure key documentation fundamental to service delivery is accurate and up-to-date. The service provider has worked collaboratively with the Local Authority and Local Health Board who have provided intensive support in order to make the service safe and to drive service delivery improvements.

Well-being

The service supports people's physical and emotional well-being. Records show personal plans include essential aspects of individual's physical and mental health needs. Plans and risk assessments are co-produced with the person and significant others if required. Care records reveal external healthcare support is sought in a proactive way. The provider has significantly improved their oversight of people's physical health. Staff are supported and trained to provide the care and support required. However, people's overall experience at mealtimes needs monitoring to ensure the dining experience is consistently uplifting for everyone. Visiting arrangements are in place with risk assessments complete. We discussed the recent changes in guidance for indoor visits in care homes and we were assured this would be given further consideration.

People are safe and protected from poor and neglectful practices. The manager who has recently been appointed is registered with Social Care Wales (SCW) and has stabilised the service. The Responsible Individual (RI) maintains operational oversight and has improved their practices of engagement to ensure people's experiences are captured and responded to. Staff are supported and appropriately trained to provide the care and support required. Staffing levels have improved and are maintained for the majority of times, however, key service documentation needs to be kept up-to-date. Where people lack mental capacity to make certain decisions about their health and welfare the service provider has made the relevant applications to the local authority in a timely manner. Personal emergency evacuation plans (PEEPs) are in place and contain sufficient information on how a person needs support in the event of an emergency.

The living accommodation does not consistently support people's overall well-being. We found the entrance to the service to be safe and secure, this includes coronavirus risk management strategies in place. Infection prevention practices are inconsistent and improvements are needed. The accessibility of bathing facilities for people on the upper floor is inadequate. Fire drill records indicate most staff have been involved in a fire drill. Health and safety checks of equipment and the environment are maintained. Decoration of the home is ongoing and plans for improvements are detailed with timescales recorded.

Care and Support

People are happy and experience positive interactions with staff; however the mealtime experience requires attention. We undertook a short observation of support whilst lunch was being served. We saw two staff supporting people with their meals in a caring and encouraging manner. However, we observed one resident waiting 14 minutes at the dining table without being offered a meal or support to drink whilst other people had been served their meals. There was no conversation with this person or explanation given for this delay. We saw one person sitting at the dining table and note a care worker standing up supporting them with their dietary intake as an alternative to sitting with the person and enjoying the experience together. The television was on in the background adding very little therapeutic value to the overall dining experience. Staff we spoke with told us they feel staffing levels are sufficient to meet people's needs, however, lunchtimes are difficult to manage.

Essential health and emergency services are contacted to promote people's well-being. Records reflect referrals to external professionals are made, admission to hospital organised and relatives are involved in decision making where required. Staff frequently liaise with the GP and occupational therapists for advice and support. One relative told us they are very happy with the support being given to their relative. Safety equipment is in place and staff respond to the sounding of call systems in a timely manner to check on the well-being of people. People's skin integrity is monitored well and care documentation reflects this. We note personal plans have been regularly reviewed, although they have not been consistently updated where required.

Systems to manage medication are in place, however some improvements are needed. We examined a small sample of medication administration records (MAR). We saw medication records include a recent photograph of the person to assist in identifying the right person when administering medication. There is a system for monitoring controlled drugs and for recording the temperature of storage areas. We found when medication is hand written onto the MAR the transcriber's signature is not always recorded. We note when PRN "as required medication" was given, some staff are recording this on the MAR, however, this practice is not consistent. We discussed the administration and review of anti-psychotic medication and we were assured this area would be reviewed.

People have opportunities to participate in recreational activities. We reviewed records of activity engagement and spoke with the activity co-ordinator. We saw people enjoying a 'sing-along,' smiling and singing. Photographs are displayed in communal areas of people enjoying a '*Global tea party*.' We were told this was an organised event and photographs show people engaged and having a good time. However, activity recordings did not always indicate arrangements were meaningful or therapeutic. We saw visitors spending time with people; one visitor told us they are very happy with the care being given to their relative.

Environment

The accommodation is safe, clean and comfortable. The security of the building is maintained with regular checks taking place on the front entrance. The layout of the home enables people to easily spend time privately or communally. The dining area has been re-configured and is bright and welcoming. The décor in communal areas is being improved with action plans in place with clear timeframes for completion. We saw photographs displayed around the home of people enjoying events and activities. The service provider has developed systems to engage with people in order to seek their preferences in colour schemes and soft furnishings. Consent documentation is complete and indicates people have agreed where they are sharing a room. However, we did note there is no partition available within the shared room if privacy is required. The manager assured us this would be addressed. PEEP's are complete and are on all files viewed. Records indicate the vast majority of staff have been involved in a fire drill within the last 12 months.

Improvements are required to staff practices and to the facilities to ensure people's overall well-being is consistently promoted. Personal protective equipment (PPE) is available and staff were mostly observed to be wearing this appropriately. However, we did observe two incidents of poor hand hygiene practice and found soiled laundry in a red laundry sack left on the floor of the laundry in close proximity to the tumble dryer. An external electrical condition inspection report completed in March 2021 indicates the condition is satisfactory. Lifting equipment has been serviced as required. A Fire Authority visit took place in March 2021 indicating areas for improvement. An action plan completed by the provider reflects issues have been resolved.

There are no appropriate bathing/shower facilities located upstairs in the home, therefore, people are required to access these facilities on the ground floor when needed. The Statement of Purpose (SOP) is fundamental to the service and must describe the service provided. The SOP for the home indicates; *'Although the bedrooms do not have en-suite facilities, all rooms have very accessible bathrooms.'* The service provider assured CIW the lack of accessible bathing facilities upstairs in the home would be addressed. We were also informed the external laundry room is in the process of being re-designed. CIW will follow these matters up at the next inspection.

Leadership and Management

The evidence gathered during this inspection indicates people benefit from a management approach that is open, positive and inclusive. Regular service delivery audits are completed and actions for development noted. We saw minutes of service user meetings held in May, June and July 2021. The RI has a continued presence at the service and completes a report every three months which reflects how they consider the home's performance. The most recent visit record in May 2021 and quality of care review clearly indicates the RI engages with people living and working at the home in order to measure their experience. Deprivation of Liberties Safeguards (DoLS) oversight and falls management has significantly improved, with outcomes and lessons learned recorded. The service provider is no longer subject to enhanced monitoring by commissioners due to improvements made in service delivery.

Systems in place to monitor staffing levels have shown improvement. However, service documentation is not always accurate or submitted to CIW in line with regulatory requirements. We note the most recent SOP submitted to CIW is not accurate and does not reflect the current staffing arrangements. We received information from the RI on how the service provider has determined the number of staff required for the reliable provision of care. We note some of the information within the assessments is not accurate. We reviewed staffing rotas over a set period of time and found there were occasions when the service has run below the prescribed staffing levels. CIW had not received a regulatory notification from the service provider in relation to this as required.

People receive care from staff who are appropriately supported and supervised. The manager who has been in post since May 2021 is registered with SCW. They told us they feel fully supported by the provider. We note the manager is currently going through an induction. The induction records reflect more of a check list rather than a robust induction process. We spoke with four members of staff who all spoke positively in relation to the support provided by the manager. We saw evidence of regular team meetings and note supervision sessions are held with staff on a regular basis. Training statistics indicate mandatory training compliance has improved and specialist training is developing.

Recruitment practices require improvement to fully meet regulatory requirements. We viewed three staff personnel records and note DBS checks are completed and staff photographs are on file. We identified some discrepancies in relation to employment histories, employment references and note staff identification is not always on file as required.

Areas for improvement and action at, or since, the previous inspection. Achieved	
The service provider had not ensured that any person working in the service had received appropriate supervision and appraisal.	Regulation 36(2)(c)
The service provider had not ensured that all adults accommodated in shared rooms have their person plans reviewed and revised to include their involvement in the decision making process and that they have agreed and consent to sharing a room together.	Regulation 45(2)(c)
The service provider had not ensured all staff have taken part in regular fire drills and that staff are confident in this practice particularly at night-time.	Regulation 57
The service provider had not ensure that all staff receive core training appropriate to the work they are to perform.	Regulation 36(2)(d)
The service provider had not ensured applications have been submitted to the appropriate supervisory body in relation to an individual being deprived of their liberty without lawful authority.	Regulation 31
The service provider had not ensured that care and support was provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Regulation 21(1) Regulation 16(5)
The responsible individual must appoint a person to manage the service who is registered with Social Care Wales.	Regulation 67(1)
The responsible individual had not recorded their engagement with service users and staff during their three monthly visits.	Regulation 73(1)(b)

Areas for improvement and action at, or since, the previous inspection. Not Achieved	
The service provider had not ensured arrangements are in place so that medicines are stored and administered safely.	Regulation 58(1)
The service provider had not ensured the fitness of persons employed at the service including having full and satisfactory information and documentation available at the service for the person employed by the service provider.	Regulation 35(2)(d)

The service provider had not ensured arrangements are in place so that satisfactory standards of hygiene are maintained in the delivery of the service.	Regulation 56(1)(a)
The service provider had not ensured that at all times a sufficient number of staff are deployed to work at the service and had not demonstrated the way in which the determination has been made for the reliable provision of care and support to meet individuals' needs.	Regulation 34(3)(b)

Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required	
None	

Areas where improvement is required	
Ensure bathrooms and shower rooms are located so as to enable all persons to access them easily and safely.	Regulation 44(9)(c)
Ensure the service regulator is notified of the events specified in Parts 1 and 2 of Schedule 3.	Regulation 60(1)
Ensure the personal plan is revised as necessary.	Regulation 16(5)

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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