



Inspection Report on

Priory Mount Eveswell

**Mount Eveswell Nursing Home
22 Eveswell Park Road
Newport
NP19 8GS**

Date Inspection Completed

02/08/2021

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About Priory Mount Eveswell

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HELDEN HOMES LIMITED
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection since the service was re-registered
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and promotes the use of the Welsh language and culture.

Summary

CIW (We) carried out an unannounced inspection of the service. People appeared comfortable and content and were positive about the care they receive. People's plans are person-centred and focus on positive outcomes for individuals. Daily recording of care provided requires improvement. There are sufficient staff numbers to support people, particularly for those who require individual support. Improvements are required in staff support and development. Medicines are safely stored and administered. Evidence of the application of topical medication requires improvement. The newly appointed responsible individual has developed a schedule of visits to the service. Previous quality of care reports were not available. There is a management team in place, who effectively monitor the service provided, and provide effective leadership on a day to day basis.

Well-being

People have some control over their daily lives. Personal plans set out people's likes and preferences. Residents meetings are held on a regular basis. An independent advocate visits the service on a regular basis. One person we spoke to told us about choosing their lunch. People's care records contained evidence of best interests' decisions. Staff spoke to people using appropriate volume and tone of voice; terms of endearment were used appropriately with positive reactions. Staff took time to listen and responded to peoples' requests, including responding to non-verbal communication.

People's physical and mental health and well-being is considered. We saw staff were available and timely in their response to people's care needs. Staff interacted with people in a natural friendly caring and compassionate manner. It was apparent that staff knew the people they cared for well and their likes and preferred choices. Personal plans were written in a way that promoted individuals dignity. One person had behaviour, which could challenge. Their plan explained what could cause the person to become upset and how staff could best support them. Records show timely referrals are made to health professionals.

The provider has measures in place to protect people from the risk of harm and abuse. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take. There is a comprehensive policy in place to guide staff. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe and their freedom respected. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place.

The service has strengthened its infection control practices. New measures introduced to mitigate the risks of CoVid19. Regular infection control audits and spot checks are taking place. We saw staff wore appropriate Personal Protective Equipment (PPE) correctly, throughout our inspection visit. We evidenced effective cleaning and hygiene routines are in place.

Care and Support

People's personal plans are person-centred and focus on positive outcomes for people. Cover all core areas of people's care appropriately. Plans detail how to support people safely. For example, supporting a person with challenging behaviour. Individuals care and support is routinely monitored which supports referral to other professionals as and when needed. Where there are necessary restrictions in place made in peoples best interests to manage their safety, these appear proportionate. Daily recording does not evidence consistently the care that people receive and requires improvement. For example, evidence of pressure relief is inconsistent and often illegible. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Nurses complete electronic daily overviews of care provided and activity co-ordinators complete electronic entries. Different health care professionals are involved in the planning and delivery of care. Advice and guidance is taken and the care provided is adjusted accordingly.

There are effective arrangements in place for the safe management of medicine. We examined a sample of medication administration records (MAR's). Records were comprehensive with no gaps. Secure arrangements are in place for storing medication. We spoke with a nurse on duty who demonstrated good knowledge of the home's procedures. Management have effective oversight; we viewed documents, which showed medication and records checked by management on a regular basis. Service medication policies and procedures are up to date and in line with current medication legislation. Daily recording of the administration of topical medication require improvement and we expect the provider to take action to clearly evidence regular application as prescribed.

The service provider is clear about its aims and objectives. We viewed the statement of purpose (SOP). The SOP demonstrates the range of health and care needs the service will provide support for, including specialist service/care provision offered. A written guide is also available for people this requires review to ensure it is accurate and up to date.

Environment

On arrival, infection control precautions were undertaken to ensure the safety of residents; these included temperature checks, hand washing and ensuring relevant tests had been undertaken. Visitors signed a visitor's book, which meant there was a clear record of who was visiting the building in case of an emergency. Maintenance records we viewed demonstrated electrical lighting, and fire safety equipment are tested within required timeframes. People's Personal Emergency Evacuation Plans (PEEP's) are personal and accessible. The provider carried out checks and maintenance relating to equipment such as hoists, slings and the home's lift. We observed the food hygiene certificate is the highest achievable standard of five.

During our inspection visit to the service, we found the environment to be clean and homely. We found people to be comfortable and content. Individual rooms had been personalised to reflect people's personalities. People told us they were 'happy' with their rooms and the service's environment. Delays in the replacement of two hydro baths had reduced people's choice.

We observed infection control measures are effective and there are hand sanitising facilities and PPE available for care staff and visitors.

Leadership and Management

Governance arrangements are in place that support the operation of the service. Systems are in place that inform the responsible individual and management team of all issues that occur. Six monthly quality of care reports, which are prepared by the responsible individual (RI) following their review of the service were not available during our inspection. The newly appointed RI had scheduled in monthly visits to the service and gave assurance a quality of care report would be completed. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The RI is actively promoting the use of Welsh language and availability of bi-lingual key documentation at the service. Regular reviews and audits are completed, feeding into a service improvement plan and identified issues are promptly actioned. Management at the service have systems in place to ensure people, families and professionals can feedback what they think of the service provided.

We considered the staffing arrangements. There were sufficient numbers of staff to keep people safe and to meet their needs. Staff told us they are often very busy and when working alongside agency staff this can place additional pressure on more experienced staff. During our visit, we saw that people were attended to quickly but in a calm and unhurried fashion. The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out appropriate screening checks before employing new members of staff. Agency staff are also screened and receive an induction.

Staff supervision matrix identified regular opportunities for staff to meet with their direct line manager and discuss their performance. Improvements in the recording of these are required to evidence discussions and actions. The service utilises on line training for staff to update their knowledge. There has been an absence of face-to-face training due to CoVid 19 restrictions. Staff training is considered as part of the service's regular audits. Information showed 83% staff training compliance. Staff refresher training in core areas such as fire safety require improvement. Staff told us they feel supported and equipped to carry out their duties.

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	
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Areas where priority action is required

None	
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Areas where improvement is required

Records of care being delivered and the administration of topical medication on a daily basis are inconsistent, incomplete and often illegible.	Regulation 59(1)
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Six monthly quality of care reports had not been prepared by the responsible individual.	Regulation 80(4)
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Supporting and developing staff, supervision records are not comprehensive and do evidence any reflective practice, performance or competence, alongside gaps in staff refresher training.	Regulation 36(2)
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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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