



Inspection Report on

Priory Mount Eveswell

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

Date Inspection Completed

28/11/2023

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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	[28 July 2021]
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People experience positive outcomes as a result of the care and support provided by the service. People's families and representatives speak highly about the quality of care provided to people. We found that people's personal plans contain detailed guidance for nursing staff to meet people's physical health needs, although they lacked detail to support care staff to meet people's needs day-to-day. The service is in the process of moving to an electronic system for managing care and support and is seeking to ensure that people's personal wellbeing outcomes are considered as part of this process. Nursing staff ensure that regular reviews are completed to support people's care and support needs.

The service environment provides plenty of private and communal spaces for people and is clean and clear of clutter. However, we found that in areas the décor is dated and worn and does not reflect the individuals living in the home. There is clear oversight and governance in place to support the running of the home, and the management benefits from support of the wider organisation. There is a new responsible individual (RI) in post who is keen to support the development of the service.

Well-being

People are treated with dignity and respect by the care staff and nursing staff. People's families and representatives speak highly of the care and support provided. The service supports people by providing access to advocacy to enable people to contribute to their care and support, and decisions that affect their lives. Resident meetings take place monthly, and the manager encourages people to participate, although we found that some people are unable to participate due to a lack of alternative communication systems to support people who are non-verbal. People get the right care and support, by skilled and qualified care staff and nurses. People's individual circumstances are considered during initial assessments, including language and cultural needs. The service provides an active offer and can support people through the Welsh Language if the need is identified. However, at the time of inspection this was not identified as a need. People's wellbeing outcomes are considered, although robust information and guidance on how to support people's social and emotional wellbeing is not available.

People are safe and protected from abuse and neglect; the service has a clear safeguarding policy and procedures. People and their representatives are supported to provide feedback on their care and support, and information on how to raise concerns is made clear. People mostly experience warm and positive interactions from care staff who take time to ask about people's day and include them in conversation. We observed care staff providing person centred care during mealtimes, making it clear what support is being provided, and seeking consent from people. We also observed at busy times that people weren't informed about tasks that were being carried out by care staff, although this was not frequent.

The service has a programme of activities for people to take part in each day, we saw the activities co-ordinator setting up bingo with prizes; people appeared content and interested as this activity was set up. We found that care staff have a good understanding of people's meal preferences and dietary requirements. People benefit from a consistent team of care staff and nursing staff, who support them to manage complex health needs. Care staff and families speak positively about the management of the service, and the communication from the manager. The service provider has robust internal processes to ensure there is clear oversight and governance of the service; action is taken when required to address any issues impacting people's wellbeing.

Care and Support

People experience positive outcomes as a result of their care and support. People's personal plans have clear clinical guidance for nursing staff to follow. We saw that people's physical needs are well documented, but we found some instances where people were not supported in line with their personal plans. People's personal plans lack information on how care staff should support the person day-to-day, and how they can support people to achieve their personal wellbeing goals. The service is in the process of changing their care management system to an electronic system to support with consistency of information. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are well cared for in the service; care staff appear positive warm and familiar to people and families and representatives speak highly about the approaches taken by care staff. The service has a hygiene rating of "very good" (5 rating) with the Food Standards Agency. We saw that meals are prepared to meet people's specialist diets, whilst also focusing on their preferences. Care staff support with meal preparation and told us they make sure people's favourite items are always available. Care staff complete daily records electronically. We found evidence of thorough recording, with care staff commenting on people's mood and emotional state as well as the daily tasks they complete. The manager and clinical lead have oversight of the care and support provided as a result of the new electronic system.

The service promotes hygienic practices and effectively manages infection prevention and control procedures. We saw care staff using appropriate personal protective equipment (PPE) when supporting people. There are clear processes in place to support the safe handling and administration of medication. The clinical lead audits the medication process and action is taken to address any errors or near misses. Risks and specialist needs are considered in the care planning process. The service ensures that people's capacity and consent to care and support are considered as part of this process, although we found that the approaches used for assessment could be strengthened. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people's best interests, when required.

Environment

The service provides ample space for people to spend time communally or privately. People benefit from spacious bedrooms which enable them to use specialist equipment. People's bedrooms are personalised with photographs and personal items; people can choose the colour of their bedrooms. We found that in some bedrooms, there are examples of staff signage and paperwork on the walls, which detract from the homely feel of the space, and have the potential to impact people's wellbeing. This is also evident in communal spaces, which gives the impression of a clinical setting instead of a home. The manager and RI assure us that this will be addressed, and an alternative approach will be taken for providing this guidance to care staff. People benefit from the use of visual aids within their bedrooms, such as guidance on prayers and religious ceremonies, or labels to support people to locate clothing. The service has bathrooms on both floors; bathrooms contain adapted equipment to support people's personal care needs. We saw that bathrooms are clean and well maintained. There are communal lounges overlooking the garden. People are supported to spend time communally for activities.

Some areas of the home are marked and scuffed, and there is damage to walls and skirting boards through use of chairs. We observed that in some communal spaces and bedrooms, the décor is worn, and dated, and does not relate to the people currently living in the home. The RI and manager are considering how the environment can be updated to best meet the needs and preferences of the people living in the home, to enhance their quality of life and sense of well-being. The environment meets the needs of people using the service; there is plenty of storage for larger specialist equipment, and the home is clean and clear of clutter. The service has clear procedures in place to maintain equipment, and the environment is kept safe for people using the service. We found that all health and safety checks are completed routinely and audited by the manager as well as the service provider. The home's safety certification is all in date and complete; there is a plan in place to maintain these procedures over the long term. The manager and RI have an oversight of the potential risks to people's health and safety, and this is monitored in line with people's changing needs as well as alongside new referrals to the home.

Leadership and Management

The service provider ensures that there are governance arrangements in place to support the smooth running of the service. The management of the service benefits from the support of the wider organisation, with input from professionals in auditing, monitoring, and reviewing the service. We found that the service is routinely inspected by the service provider, and that action is taken by the manager and RI to address any areas of concern raised through this process. The RI is new to the service, although we found good evidence of them completing their regulatory duties. The RI visits the service and gains feedback from people and staff, as well as an analysis of the services data. The RI produces a report for the service provider which outlines their findings. We found that the report produced by the RI provided an overview of the service, however it did not contain an assessment of the standard of care provided. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are enough staff on duty to support people effectively. Rotas and staffing ratios are in line with the services Statement of Purpose (SoP), although we noted some information in the SoP requires updating to reflect the new management structure.

Care staff are suitably recruited and trained to carry out their duties. The service follows safe recruitment practices which are strengthened by the wider human resources team in the organisation. The service has a high level of compliance with their identified mandatory training, as well as opportunities for continuous professional development. Care staff are supported to register with Social Care Wales the workforce register. The manager keeps a record of nursing staff registrations. Care staff told us they feel positively about the work environment, and culture of the service. Care staff told us they feel well supported by the manager and clinical lead and receive frequent support and supervision sessions. However, we found that supervision processes do not evidence opportunities given for staff to reflect on their practice. This was a previous area for improvement, and whilst no immediate action is required, this remains an area for improvement and we expect the provider to take action.

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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15	Personal plans do not set out how on a day to day basis the individual's care and support needs will be met with the exception of clinical guidance for nursing staff, nor how the individual will be supported to achieve their personal wellbeing outcomes.	New
80	The Responsible Individual has not prepared a report that contains an assessment of the quality of care provided.	Not Achieved
36	Supporting and developing staff, supervision records are not comprehensive and do evidence any reflective practice, performance or competence.	Not Achieved
59	Records of care being delivered and the administration of topical medication on a daily basis are inconsistent, incomplete and often illegible.	Achieved

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