



## Inspection Report on

**Old Vicarage Nursing Home**

**Old Vicarage Nursing Home  
Dulais Fach Road  
Tonna  
Neath  
SA11 3JW**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

19/05/2023

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## About Old Vicarage Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Old Vicarage Limited (THE)
Registered places	42
Language of the service	Both
Previous Care Inspectorate Wales inspection	31 August 2021 & 2 September 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

The Old Vicarage nursing home is a large building accommodating 41 people with nursing needs. People are happy with the care and support they receive. We saw good interactions between staff and people. The service has several well-presented communal areas. Refurbishment is taking place within areas that do not directly impact people and redecoration is an ongoing programme.

People have good support plans and risk assessments which are reviewed regularly with relatives wherever possible. There are mechanisms in place to safeguard people and staff understand their responsibilities to be observant and report any concerns. There are good systems in place for the safe administration of medication. Staff are well supported; this is reflected in good supervisions and appraisals. Staff receive training and know people well, understanding their needs and supporting their outcomes. Pre employment checks are carried out to ensure the suitability of staff working with vulnerable people.

There is an active and visible Responsible individual (RI) in the service who visits the service daily. However, the reporting documentation required to advance the quality of the service needs improvement.

## Well-being

People are happy and as healthy as they can be. Relatives told us; *“Wonderful my dad is in a good home, they make homemade food, it’s always spotless, always clean”*. *“Staff are friendly, it’s a calm peaceful environment”*. There is a large skilled staff team in place to support the wellbeing and personal outcomes of people. People receive good quality care which meets their needs.

People’s emotional, physical and mental health is maintained. Management of medication in the service is good and there are good links with the local pharmacy for ordering medications. Many of the staff have been in post for some time and can recognise signs of ill health in people and report any concerns. There are good systems in place to monitor people’s health and these are easily accessible on the electronic care management system. People engage in planned activities in the service. The recruitment of a full-time activities coordinator and an assistant support a person-centred individualised activities programme as most people have complex needs. A professional told us; *“The old Vic is my favourite home”*.

People are supported in a service where there is adequate oversight. The Responsible Individual (RI) works within the service daily, meeting people and families informally. However, there are no formal visits or quarterly quality assurance checks carried out by the RI. This is reflected in poorly written six-monthly quality of care reports. We could not see a systematic approach to quality improvement. This was discussed with the RI who will be supported by the business manager to ensure understanding and completion of these reports moving forward. This is an area for improvement, and we expect the provider to take action. This will be followed up at the next inspection.

People live in suitable accommodation that supports and encourages their well-being. Bedrooms are personalised with cushions, photos of family and items important to them. Communal areas are well presented, clean and free from clutter. Relevant safety checks are carried out; however, we did see some gaps in the maintenance logs, this has been discussed with the manager and RI.

## Care and Support

The provider has good personal plans and risk assessments in place reflecting the needs of people which are reviewed regularly. We saw the standard of care and support is good and is confirmed by the responses from relatives and professionals. Comments included *“I have observed staff with the residents and their families, and they have got all the time in the world for them and their needs”*. *“They always seem to want the best for their residents”*.

The provider considers a wide range of information to confirm their ability to meet the needs of people they support. Policies and procedures are in place for the initial assessment of people, which shows staff the needs and outcomes of people. The provider has a Statement of Purpose (SoP); a document which shows people what they can expect from the service and a description of the admissions and complaints process. The SoP is clearly written and reviewed regularly by the manager. The guide to services gives people the information they need to make a complaint, and terms and conditions, to support their choice in accepting the service. Relatives told us; *I looked at a number of homes and I felt this one was the best for my mother”*.

This is a well-managed service putting people at the centre of what they do. We saw good personal plans and risk assessments in place reflecting the needs of people which are reviewed regularly with people and relatives where possible, this was confirmed when we spoke to relatives.

People are protected from harm and neglect. Staff spoken with are aware of their responsibilities to report any concerns they have about the individuals they support. We saw a training plan in place to support this. There is a safeguarding policy in place which staff have access to. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make their own decisions about aspects of their care and support and accommodation. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

The service has good systems in place for the management of medication and regular auditing is carried out. Medication administration records are accurately completed and the responsibility for administration of medication is that of the registered nurse on duty. We saw medication is stored correctly, in locked trolleys and within a locked room. Daily temperature checks are carried out and documented to ensure the safe storage of medication. A professional told us; *“The qualified nurses are dedicated to managing the staff to provide the best possible care for their patients”*.

## Environment

The property meets the needs of people. The home is an older building which requires regular upkeep and maintenance. The provider has a maintenance programme in place which is regularly reviewed. A professional told us; *“There is an ongoing programme of redecoration, which sees each room cleaned and repainted between residents”*. We saw work being carried out during the inspection. People and staff told us that they would rate the environment 8 out of 10 despite the renovations being carried out. The service is comfortable and clean, with well-presented communal areas available for people and their relatives to socialise. People are happy and are encouraged to personalise their rooms with photos and soft furnishings.

The provider has systems in place to mitigate risks to the health and safety of people which are identified and dealt with. We saw that manual handling equipment is serviced routinely. Safety records show water checks are carried out. However, we did see gaps in the maintenance records, we discussed the need for strengthening these systems with the manager and RI. Materials that have the potential to cause harm are organised and stored securely except for oxygen cylinders; this is being addressed by the provider. People’s personal information is stored securely in locked cabinets and any archiving is stored in a locked room. The emergency call system is available to people and when tested care staff arrived promptly.

Infection control measures are in place, we saw appropriate handling of food. The kitchen has a food hygiene rating of 4, meaning hygiene standards are good. Kitchen staff refer to a file containing all the dietary requirements of people, kitchen staff appeared knowledgeable around specialist diets. A relative told us; *“There is homemade nutritious food. Skin integrity is good, and they communicate with me”*. This was supported by other relatives, and professionals who told us the food is good, healthy, and homemade, supporting the wellbeing of people. The service has good laundry facilities and systems in place, equipment is in working order and the appropriate maintenance checks carried out. There are designated areas for clean and used laundry, and areas for the storage of fresh linen.

## Leadership and Management

The provider has systems in place for the smooth running of the service. The RI visits the service daily, speaks to people, relatives and joins the care and clinical team meetings with staff. However, the formal visits to the service have not been carried out or documented and the quality-of-care reports do not reflect the involvement of the RI adequately. Reports should include views of people, staff, relatives, and documented actions required of the manager to maintain and improve the quality of care and the environment. This is an area for improvement, and we expect the provider to take action, this will be followed up at the next inspection.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge, understanding and skills to support people to meet their individual needs and outcomes. Staff told us; *“Induction, I have been shown how to sit people up in the chair, how to bed bath someone, how to be professional”*. And *“The more I work here, the better and more confident I’m getting”*. Staff training plans and discussion with the manager and staff show staff receive consistent training in order to deliver positive outcomes for people. We looked at 5 staff personnel files and saw that the required recruitment pre-employment check documentation is in place. This includes an up to date Disclosure and Barring Service (DBS) check. Staff feel well supported and valued through regular good supervision and appraisal. Documents seen show all staff are registered with or working towards registration with Social Care Wales (SCW). Social Care Wales regulate social care in Wales. Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy and procedure in place accessible to staff. Staff told us they have completed safeguarding training and have the knowledge and confidence in understanding and reporting any issues.

There is good oversight of the financial arrangements and investment in the service by the business manager. Since the last inspection communal areas have been upgraded and new furniture purchased. Observed staffing levels are effective in supporting people to meet their needs. Ongoing investment to improve the environment is also evident through discussion with the business manager, people, and staff. This is supported by the refurbishment plan.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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80	We could not see a systematic approach to quality improvement. Service visit reports are not carried out. Quality of care reports do not show any analysis of quality improvement within the service.	New
15	Regulation 15 - Personal Plan. Risk assessments were not available when requested in 3 out of 4 files viewed by CIW.	Achieved
21	Regulation 21 - Standards of Care and Support	Achieved
58	Regulation 58 - Medicines. Missing signatures on MAR charts and staff training.	Achieved
44	Regulation 44 (4) (d) (h) - Premises sound construction and structural repair maintenance.	Achieved
56	Regulation 56 - Hygiene and Infection Control measures in relation to COVID-19 were not sufficient.	Achieved
36	Staff not receiving core learning and training updates to enable them to fulfil the requirements of their role and meet the needs of individuals using the service. This includes training to operate any specialist equipment.	Achieved

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