



Inspection Report on

St Anne's Nursing Home

**St. Anne's Nursing Home Ltd
Welsh Street
Chepstow
NP16 5LX**

Date Inspection Completed

23 March 2023

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About St Anne's Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	St Annes Nursing Home Ltd
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	06 October 2022
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 service provider has strengthened measures in place to ensure care and support is delivered in line with people's assessed needs with a focus on individuals' overall well-being. There is a focus on the recruitment of permanent staff resulting in a more appropriate mix of suitably competent and skilled staff on duty to safely meet peoples' needs. Additionally, the improved oversight of daily care task completion has ensured people's basic care needs are being met and people are safe from harm. Activity and visiting arrangements support peoples' emotional well-being.

Medication and infection control practices are consistently safe, supporting people's physical health and reducing risk. The reporting of notifiable events as required to CIW has improved and the service provider has shared information in a timely manner. The Food Standards Agency (FSA) have visited the service in March 2023 and noted consistent high standards in the kitchen.

The previous CIW inspection outlined several areas of service delivery which required immediate improvement. This inspection found all areas have shown improvement with the majority of these areas achieving compliance with statutory regulations.

Well-being

The service supports people's physical and emotional well-being. Care records show people's needs are being met and essential aspects of their physical and mental health needs are promoted. Staff are kind and caring. Themed events take place and we saw evidence of how people enjoy these occasions and how this lifts their spirits. Visiting professionals and relatives we spoke with told us external healthcare support is sought in a proactive way and staff follow advice given. Staff are supported, developed, and trained to provide the care and support required. Personal plans are in place, and reflect people's needs in detail to ensure care can be delivered safely. The service provider needs to ensure people and their families are involved in the periodic review of care delivery.

Systems in place to safeguard people are effective. We observed staff practice and found people are supported safely and in a timely manner in line with their assessed needs. The reduction in the use of agency staff, and the investment in staff development means care staff are appropriately skilled and competent in their role. The provider must record the linguistic abilities of staff during the recruitment process in line with regulations. People's medication is administered safely and recorded appropriately, maintaining people's overall well-being. Personal plans and risk assessments are in place and observations show plans are followed consistently, resulting in safe care delivery. The provider has significantly improved daily oversight of how people's basic care needs are met and recorded, thus promoting people's physical health and well-being.

People are supported to live in an environment that safely meets their needs. The home is secure, clean, spacious, and well-maintained. Areas within the service have been developed to enhance people's experience of self-worth and well-being, such as a nicely decorated and welcoming hair salon and private consultation room. External grounds are appealing and well kept. Very good standards of hygiene within the kitchen environment have resulted in the provider maintaining a 'five star' recognition rating from the FSA. Therefore, people can be confident their meals are prepared and handled safely.

Care and Support

Care and support is provided in keeping with the individual's personal plan. On reviewing plans, we found where people are at high risk of developing pressure sores and require regular repositioning, records indicate support is delivered in a timely manner in line with plans. Staff were observed using specialist equipment to move a person in a caring and considerate manner. They gave step by step instructions explaining what they were doing, whilst reassuring the person throughout the manoeuvre. A senior member of staff has daily oversight of care delivery charts to check all care tasks are complete. This quality assurance process ensures care delivery is monitored and people's needs are being met. We found care reviews take place on a regular basis, however these do not reflect how the person or their relative are involved in this review process. One relative we spoke with told us they had not been asked to take part in a care review, but they would like to be more involved. We expect the provider to take action to address this and we will follow this up at the next inspection.

People appear comfortable and their physical and emotional well-being is promoted. Breakfast is relaxed and unrushed. We observed staff supporting people in a safe and considerate manner, gently encouraging nutritional intake. We received positive comments on service delivery, including how staff are kind and considerate. Two relatives we spoke with told us, *'The staff are caring and sweet.'* They explained there are now more permanent staff on duty, making day to day care so much better. There are opportunities for people to engage in activities. We saw photographs of people celebrating themed events such as St David's Day and Valentines Day. Records of activity engagement for some people who either prefer or need to remain in their bedrooms do not always reflect they are given regular opportunities to engage in activities of their choice. The activity coordinator told us this is an area they intend to focus on. One relative we spoke with feels communication could be better. The manager explained they are re-introducing relative meetings to enhance communication with families.

Medication administration systems are safe and show improvement. We examined a small sample of medication administration records (MARs) and found they are completed accurately. Controlled drugs are recorded and audited consistently. Where PRN "as required medication" is prescribed, protocols are in place and staff record the reasons for administration. We found where medication is handwritten on charts this is signed by the transcriber and countersigned to ensure information is correct. Stock checks of medication show records and stock levels are accurate. Anti-psychotic medication is reviewed by the prescriber on a regular basis. Visiting health professionals told us the specialist advice they give to staff is consistently followed. We saw information within personal plans confirming the service has referred to the relevant professionals when needed to support people's physical and emotional well-being.

Environment

Health and safety mechanisms in the environment protect people's welfare. Security at the main entrance of the service has been strengthened. The main entrance is secure, and our identity was checked on entering the building and we were prompted to sign into the visitor's book. Sluice and medication areas are locked and chemicals that have the potential to cause harm are stored securely. Window restrictors are in place as required with robust locking devices fitted. These environmental safety measures maintain the safety of people living at the service and reduce risk. We did note call alarms are in place and to hand for people if they need to summon assistance. However, we did observe where bed rails are in place to maintain people's safety, appropriate bed rail bumpers are not always fitted as required. Well maintained bed rail bumpers prevent injury and reduce the risk of accidental entrapment. We expect the provider to take action to address this and we will follow this up at the next inspection.

Further improvements have been made to hygienic and infection control practices. Staff wear and remove personal protective equipment as required. Laundry systems have been enhanced with new colour coded trolleys strengthening infection control processes, reducing the risk of cross contamination and infection outbreak. Domestic staff were observed regularly cleaning areas thoroughly keeping their cleaning trolleys and chemicals safe and close by. A dedicated room for a visiting hairdresser has been developed and we saw people using this facility throughout our visit. People were smiling whilst waiting to have their hair styled, telling us how they were looking forward to being pampered. A multi-disciplinary meeting room has been configured in the main area of the home, this allows people to speak with visiting professionals in private and comfortable surroundings. We observed this room being used for care reviews at the time of our visit.

The service has been awarded and retained a five star ('very good') food hygiene rating by the FSA in March 2023. Communication processes between the kitchen and care staff have improved to ensure people are safeguarded and specific dietary requirements are monitored closely. Staff within the kitchen have regular communication with senior staff and record any changes to people's diets to maintain people's overall health and well-being.

Leadership and Management

There is oversight of service delivery by the provider and improvements have been made in the quality of care. The Responsible Individual (RI) has logged their three-monthly visits. These reflect an overview of service performance including engagement with people and staff working in the home. One relative we spoke with told us, *'The RI leads by example and knows everyone by their first names.'* The six monthly quality of care review completed by the RI requires further detail on the analysis of the provision of care to include a review of data held at the service. For example, an analysis of notifiable events, complaints, and safeguarding matters. This assessment will inform how the provider intends to improve the service. Senior members of staff complete regular audits of service delivery acting on any shortfalls therefore enhancing the overall quality of care. The service provider maintains good communication with the regulator notifying CIW and the local authority safeguarding team of events as required.

Staffing levels and development has shown improvement resulting in people's care and support needs being met safely. We reviewed staffing rotas and found a significant reduction in the use of agency staff within the service. We saw people's needs being met in a timely manner. Staff we spoke with told us they feel well trained and supported in their role, resulting in people being safely supported. Observations of staff using specialist equipment supporting people to move from one area to another, shows the training they receive is applied safely in practice.

We saw evidence staff are supported to complete the relevant induction framework as required by Social Care Wales (SCW). One member of staff told us they are being helped by their manager to complete their induction and to register with SCW. A visiting health professional and relative both raised concerns of some staff having poor communication skills due to their limited linguistic abilities. We reviewed staff files and found recruitment checks are in place, however, there is no evidence on file to evidence the linguistic abilities of staff in the role. We expect the provider to take action to address this and we will follow this up at the next inspection.

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
21	Care records reveal people are at risk of their care and support needs not being met in line with their personal plan.	Achieved

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
35	The service provider must ensure there is evidence of satisfactory linguistic ability for the purposes of providing care and support on all staff members file.	New
16	The service provider must ensure when three monthly personal plan reviews take place the individual and any relative/representative are involved.	New
36	The service provider must ensure staff, including agency staff have an appropriate induction appropriate to their role.	Achieved
58	Arrangements in place to administer medication must be consistently consistently safe.	Achieved
60	The service provider must notify CIW of all events as required	Achieved
34	The service provider has not ensured that at all times a sufficient number of suitably trained, skilled, competent and experienced staff are deployed at the service having regard to the care and support needs of the individuals.	Achieved

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Date Published 07/08/2023