



## Inspection Report on

**St Anne's Nursing Home**

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

## **Date Inspection Completed**

06 October 2022

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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	<a href="#">11 April 2022</a>
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

This was a focused inspection. Relatives we spoke with told us they are very happy with the care and support delivery at the home, including the visiting arrangements in place. Some improvements have been made to medication systems; however, some general staff practice requires monitoring. The mechanisms in place to support service delivery and safeguard people require further oversight by the responsible individual (RI). Infection control practices have been strengthened. The service provider needs to make sure there is an appropriate mix of suitably trained, experienced and skilled staff on duty to enable the reliable provision of care and support to meet peoples' needs. The induction process for new staff and the recording of this needs specific attention. The environment meets people's needs and is being continually maintained and updated by the provider.

## Well-being

People are happy and their emotional well-being is mostly promoted. There are opportunities for people to engage in activities of their choice. We received positive comments from people and their relatives on service delivery and how staff are kind and caring. Visiting arrangements are in place. We observed relatives being welcomed into the home, supporting and promoting the emotional well-being of their relative. We were told how people enjoy being involved in the organised garden parties and picnics. Referrals are made to relevant healthcare professionals to support people's health and overall well-being. We found personal plans reflect external healthcare support is sought in a proactive way. Individual plans are not always completed in detail to ensure all the required information is in place to support people during their last days of life.

Safe practices are not maintained consistently. The entrance to the building was not secure on our arrival. Medication systems have shown some improvement although some areas need strengthening. The correct protocols to protect people from having their liberty restricted unnecessarily are followed. We saw Disclosure and Baring Service (DBS) checks have been completed for staff. These checks are important as they identify the suitability of people to work with vulnerable people. People are not always supported in a dignified or timely manner. The service provider has not ensured people are consistently supported by a sufficient number of competent and suitably trained staff. Monitoring charts indicating how people receive the care they need are not always completed. The induction processes of new staff at the service are not in line with regulatory requirements. The oversight of systems in place to support safe service delivery requires attention from the RI.

People live in an environment that promotes their well-being. Personal Protective Equipment (PPE) is worn by staff in line with infection protection and control guidance. Staff knowledge and application of infection control policies has improved. The home is clean and comfortable with re-decoration in some communal areas giving the environment a bright and fresh appearance. The service provider continues to invest in the environment with improvements to outside garden areas and the extension of one of the lounge/dining areas. Health and safety checks are maintained, fire risk assessments undertaken, and staff fire drill practice has been strengthened.

## Care and Support

People do not always receive care and support in a way they need. We observed the engagement between care staff and people during breakfast. We saw one senior member of staff supporting people in a kind and caring manner; however, there were instances where staff were not always attentive and sensitive of people's needs. We observed on multiple occasions an inexperienced agency member of staff independently supporting multiple people with their nutritional intake. Monitoring charts are completed more regularly, however, we found significant gaps in recording. We noted a call bell used to summon the assistance of the care staff was not accessible to the person this was meant for and was also not fit for purpose. A replacement call alarm was immediately sought and put in place. We reviewed personal plans for both people and found very little detail of the individuals' wishes and preferences regarding their end of life care and support. At a previous inspection we were concerned inconsistent staff practice and incomplete care recordings placed people at risk of their care and support needs not being met. At this inspection we found similar failings. Therefore, CIW have re-issued a priority action notice to the service provider for immediate action to be taken.

Arrangements are in place for people to partake in activities to maintain their interests. One person told us they are supported to go for a walk around the gardens. We spoke with four people and some visiting relatives who told us, overall, they are happy with the care and support they receive. We saw the activity co-ordinator engaging with people in small groups playing activities such as skittles, and then supporting others on a one-to-one basis. We were told people have recently enjoyed a birthday party in the garden. We saw the garden area has been designed attractively and appears inviting. We saw people visiting their relatives in the home. One relative told us how they were supported to visit through the Covid outbreak, and how impressed they were with how this was organised. One person told us, *"A vital source of my well-being is to see my relative."*

People have access to appropriate support and advice when required to maintain their health.

We saw information within personal plans confirming the service has referred to relevant professionals when needed. For example, we note staff have liaised with a dietician for people who are at risk of malnutrition, and a mental health referral was made for one person following an incident of concern. Antipsychotic medication is reviewed on a regular basis, and we note mental capacity and best interest assessments are in place for one person as required. A partial review of medication practices was undertaken, we note the fridge temperature is now monitored and PRN (as required) medication is available where prescribed. We did note medication handwritten on charts is not always signed by the transcriber and then countersigned. The stock check for one medication did not tally, indicating medication had not been given as prescribed. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Environment

People benefit from a spacious, clean and well-maintained environment. The provider has developed the service further to enhance people's overall well-being. A larger lounge/dining area has been developed in the Cedar's part of the service giving people more space to relax and spend their time as they choose. Rooms are being developed within the home to allow for a dedicated visiting hairdresser and a multi-disciplinary meeting room. Bedrooms are spacious, mostly personalised and contain items such as family photographs and furnishing. People had access to appealing and attractive garden areas. Seating areas and a gazebo is in place to enhance outdoor spaces. Relatives told us visiting times are not restricted and explained they feel welcomed into the home. The service has improved hygienic and infection control practices. We observed staff wearing PPE for personal care, and PPE was removed and changed in between care tasks to prevent the risk cross contamination. There is a plentiful supply of PPE available for care workers to use when they need to do so. Domestic staff were seen to be cleaning areas thoroughly and we saw records reflecting tasks completed.

Health and safety assessments and requirements have been strengthened. A Legionella risk assessment has been completed by an approved external contractor. Fire drill records show a significant number of staff have undertaken fire drills in recent months, this includes day and night staff. A fire risk assessment was completed by an external contractor in June 2022, indicating no major additional controls required at the service. The service provider has an action plan in place to show progress being made for some areas identified. Window restrictors are in place as required.

We found the entrance to the home was not secure on arrival, and our identity was not checked immediately by a staff member but was checked a short time later by the nurse. Further, we were not asked to sign the visitors' book. Sluice areas were not as secure as required. We discussed these matters with the RI who assured us the security of the building will be reviewed as a priority. Following our visit CIW received a maintenance action plan from the provider indicating some of the above matters have already been addressed. We will follow this up at the next inspection.

## Leadership and Management

The leadership and management of the service requires some improvement to comply with regulatory requirements. During our previous visit we found the service provider had not always notified CIW of deprivation of liberty safeguards (DoLS) applications in a timely manner. We note DoLS notifications have been made to CIW. However, there were five recorded incidents, some of significant concern where CIW were not notified of these events by the provider. We spoke with the RI and explained it is critical information is shared with the regulator in a timely manner. Following our visit we received some of these notifications. We did note audits of service delivery are being completed. The RI completes a visit report and quality of care report. The quality of care report is a comprehensive assessment of the standard of care and support provided, identifies positive aspects and areas for improvement.

People are not always supported by sufficient numbers of skilled and experienced staff to ensure their well-being is consistently promoted. During our previous inspection, CIW had concerns staff rotas reflected a very high use of agency staff. During this visit we have similar concerns. We observed eight agency care workers and two regular care workers receiving a handover from a senior member of staff. The senior took four out of the eight agency staff through an induction process because they had not worked at the service previously. We observed a regular staff member working alongside an agency care worker completing a moving and handling manoeuvre. It was evident the agency care worker was not confident on how to use the equipment. We looked at the agency staff profile and it did not indicate they had received moving and handling practical training. A staff member commented, agency care workers have previously reported they do not feel confident in using manual handling equipment because they have not received the relevant training.

The service provider told CIW staff are currently being recruited, which will give the service a full complement of permanent staff on long term contracts. We expect the provider to fully address these concerns and we will follow this up at the next inspection.

Recruitment checks are in place; however, induction processes are not in line with regulatory requirements. Staff files contain the required DBS checks and relevant employment references. Employment histories are mostly accounted for. Induction records on staff files are very brief and reflect a checklist rather than a structured comprehensive induction has been undertaken. 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
<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
21	Care records reveal people are at risk of their care and support needs not being met in line with their personal plan.	Not 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
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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.	New
36	The service provider has not ensured all staff working at the service have received a suitable induction relevant to their role.	Reviewed
35	The information held by the service provider in respect of the matters specified in Part 1 of Schedule 1 showed some gaps in employment histories and the validity of one reference was not fully considered.	Achieved
57	Health and safety processes need to be more robust to ensure people's safety is consistently maintained.	Achieved
60	The service provider must notify CIW of all events as required.	Reviewed
58	Arrangements in place to administer medication must be consistently safe.	Reviewed

**Date Published 03/11/2022**