



Inspection Report on

St Anne's Nursing Home

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

Date Inspection Completed

11 April 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	Manual Insert
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People appear comfortable and settled in their surroundings. Relatives we spoke with are mostly happy with the care and support at the service. Activity and visiting arrangements are in place to support people to do things of importance to them and to spend time with people they choose. The service provider communicates with families on a regular basis and keeps people informed. The service is well maintained, however health and safety measures within the environment need close monitoring, including infection control practices. Significant improvement is required in the oversight of care records to ensure people receive the right care when they need it. Quality assurance systems are in place and the Responsible Individual (RI) has a regular presence at the home. Staff feel supported by the management team and supervisory arrangements are in place. Recruitment, induction and medication practises require strengthening.

Well-being

The service supports people's emotional well-being. We saw staff engaging with people with respect and kindness. Care records show health advice and support is sought reflecting that the home maintains good lines of communication with community teams. There are opportunities for people to engage in activities. We saw newsletters indicate arrangements are in place to promote people's emotional well-being and to support their interests. We received positive comments from relatives on how the service maintains contact with them and keeps them informed. Visiting arrangements are in place and reviewed in line with guidance and service risk assessment. People have the opportunity to provide feedback, comments are captured and responded to where necessary.

Systems in place to safeguard people need strengthening in order to promote peoples' health and physical well-being. We found staffing levels are maintained, however recruitment of staff is challenging for the provider, therefore there is a regular and high use of agency staff. We witnessed isolated incidents where people's safety and well-being is not always maintained. Agency staff require a better induction to the service and the people they will be supporting. Medication management systems and recruitment practices need improvement. We note the provider has not completed Disclosure and Barring Service (DBS) checks on staff in line with regulatory requirements. The DBS helps employers maintain safety within the service. Staff we spoke with have a good understanding of how to report matters of a safeguarding nature. Care documentation does not always reflect that people receive the required support when they need it in order to promote their physical health and well-being. Systems to monitor people's basic care needs are met require rapid improvement.

People are supported to live in accommodation which meets their needs. Coronavirus safety measures are in place alongside a robust risk assessment. We found checks on the identity of people entering the home are not always in place. The home is clean and well maintained. The service provider must ensure infection control practices and fire drill participation is improved. We found external areas are appealing and well kept. There is ongoing investment to develop the home and improve its appearance.

Care and Support

People's individual circumstances are not consistently considered. We spoke with two relatives who told us communication from the service provider is good and they feel reassured. Activity arrangements are in place and people are supported to do things of interest to them. We saw one person being supported to go for a walk around the garden whilst others were involved in a group activity. The dining experience at lunchtime was relaxed and unrushed. We observed staff supporting people in a kind and considerate manner, encouraging nutritional intake. However, during our observation at breakfast we did observe one person's behaviour causing distress to another person with no care worker present in the main lounge. Further, we observed on more than one occasion staff mobilising people in their wheelchairs down a ramp with no lap strap secured. This was immediately brought to the attention of the nurse in charge who took action.

Care and support is not always provided in keeping with the individual's personal plan. We examined care documentation for three people. Personal plans are reviewed on a regular basis including when there is an incident or change in need. We saw skin integrity plans in place for one person indicating they require repositioning on a regular basis. We examined pressure relief charts over a set period of time and saw there were some significant delays in providing this care. We also found personal care and continence care charts for this person showed significant gaps and did not reflect care was given in line with the individual's personal plan. One relative told us they feel the personal care needs of their relative are not being consistently met. Staff told us they feel care needs are met but because of operational pressures they do not always get the time to record care given. These failings are placing people at risk and we have therefore issued a priority action notice to the service provider.

Systems to manage medication are in place, however these require strengthening. We examined a small sample of medication administration records (MAR) and found they are mostly completed accurately. However, we did note some discrepancies in the administration and mechanisms in place. The temperature of the medication room is monitored, however the fridge temperature where medication is stored is not recorded. We found medication that is required to be returned to the pharmacy stored in the fridge. PRN (as required) medication is not in stock for one person as prescribed. We examined a MAR chart for one person who has been prescribed a foam spray for the protection of at risk skin. This was not in stock. We found prescribed ointments/gel and cream have no record of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. Covert medication care plans are in place as required with the full involvement of professionals, however, mental capacity assessments did not accompany care plans on file.

People have access to appropriate advice and support when required to support their health and well-being. Records reflect referrals to external professionals are made and staff

liaise with the relevant health and social care professional on behalf of the person. One person had a fall and we note they had been referred to the falls clinic. We found the use of anti-psychotic medication is reviewed on a regular basis by the prescriber and the service has established good links with the community team.

Environment

People live in an environment that is clean, comfortable and spacious. The home is welcoming with attractive gardens that are well maintained with seating arranged for people to enjoy during warmer months. The service is divided into two units, the 'Cedars' and the larger unit, the 'Orchards.' Each unit has a separate entrance, lounge, dining area and dedicated staff team. There are smaller designated communal areas within the Orchards for people to spend time and relax as an alternative to sitting in the larger main lounge or dining area. We observed some people spending time in these spaces, where others enjoyed engaging in activities with the support of the dedicated activity co-ordinators. The lounge/dining area within the Cedars unit appeared to be somewhat restrictive of space. We saw plans are underway to develop this area into a larger communal space. Bedrooms are spacious and personalised. The provider shared an ongoing programme of maintenance, re-decoration and service development.

Improvements are needed within the environment to ensure people's safety is consistently maintained. The entrance to the home is secure and coronavirus risk management strategies are in place. However, on the first day of our visit our identity was not checked on arrival into the home. We observed some poor infection control practices. Staff are not using soluble bags for soiled laundry. We saw staff placing soiled flannels directly into a red fabric trolley. The fabric on this trolley was torn at the bottom. One staff member was carrying bed linen through a communal corridor, clutching the bedding to their upper body. We immediately brought these concerns to the attention of the service provider. We saw window restrictors fixed in most areas, however two bedroom windows do not have tamperproof restrictors in place as required. Domestic staff were seen to be cleaning areas thoroughly during our visits. We saw routine fire safety and water checks are recorded. A fire audit was completed by the Fire and Rescue Authority in June 2021 confirming suitable fire safety arrangements are in place. However, a fire risk assessment was completed by an external contractor in September 2021 indicating a substantial risk at the premises. The service provider confirmed the majority of these actions are complete and will be reviewed further at the end of April 2022. We note not all staff had been involved in a fire drill within the last 12 months. The legionella risk assessment for the service requires review. We are assured this would be completed.

Leadership and Management

The provider maintains oversight of the service. The RI continues to have a regular presence at the service and completes a quality of care review and three monthly reports as required. The manager told us they feel well supported in their role. We saw evidence that falls are reviewed and information analysed along with regular audits of service delivery. We spoke with the nursing team who gave a comprehensive overview of people's individual health and physical needs. We saw examples of regular communication with relatives by the service provider. Feedback is gained in a variety of ways, logged and responded to. We reviewed complaint management and found this to be completed well and in a timely manner. We reviewed the statement of purpose and service user guide. We found information about the service is up to date. CIW are not always notified of deprivation of liberty safeguards applications in a timely manner. We also note the safeguarding policy requires review to ensure this is in line with national and local guidance.

Mechanisms in place for staff recruitment and induction require improvement. We spoke with care staff who told us they feel supported. Records reveal they receive regular one-to-one supervision with their line manager. The staff training matrix shows most staff are up to date with their training which has been predominantly on-line. We reviewed recruitment files for care staff and identified some discrepancies in relation to employment histories, relevant identification and one reference was not verified. We reviewed a DBS matrix this indicates the relevant checks have not been renewed for all staff as required. These regular checks and updates are important in order to review a staff member's suitability to work with vulnerable people.

CIW acknowledge the significant impact the pandemic is having on the ability of service providers to ensure safe staffing levels are consistently maintained. We are aware there is an increased turnover of staff at the service and recruitment and retention continues to be challenging. Staff rotas reflect staffing levels are maintained however there is a very high use of agency staff at the service. Records reviewed for agency staff reveal some have one or two months experience in social care. We reviewed the service provider's process relating to the induction of agency staff and found this to be poor and not robust. This places staff in a vulnerable position and people they support potentially at risk. We expect the provider to take action to address these matters 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
21	Care records reveal people are at risk of their care and support needs not being met in line with their personal plan.	New

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
36	The service provider must ensure staff, including agency staff have an appropriate induction appropriate to their role.	New

35	The service provider must apply for a new DBS certificate for each member of staff every three years.	New
58	Arrangements in place to administer medication must be consistently consistently safe.	New
57	Health and safety processes need to be more robust to ensure people's safety is consistently maintained.	New
60	The service provider must notify CIW of all deprivation of liberty safeguards.	New
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.	Reviewed

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