



## **Inspection Report on**

**Central Surgery Nursing Home**

**Central Surgery Nursing Home  
Church Street  
Tredegar  
NP22 3DX**

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

**This report is also available in Welsh**

**Date Inspection Completed**

**18 August 2022**

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## About Central Surgery Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Spectrum Healthcare Domiciliary Care Limited
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	25/02/2021
Does this service provide the Welsh Language active offer?	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

This was a focused inspection. People and their representatives are positive about the care provided. Opportunities to participate in activities are available. Care workers treat people with respect and dignity. Arrangements are in place to monitor and assess the quality of services; these need a more robust application on a day-to-day basis. Staff are now receiving regular supervision. The environment is clean and decorated to a good standard. The provider continues to invest in the decoration and development of the physical environment.

The required improvements in relation to care documentation and its oversight identified at the last inspection have not been achieved. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Well-being

People appear comfortable and content and are positive about the care they receive. Feedback questionnaires received are positive. A family member we spoke to was very complimentary about the service provided. Care workers are available to provide support when needed and their approach is kind and caring. Staff know the people they are supporting well. People are encouraged to interact with each other, get involved in activities and events.

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. Records show referrals are made to health professionals when necessary. People's individual dietary needs are considered.

People receiving a service are not always safeguarded from harm. There are systems in place to record accidents and incidents. However, individual risks to people are not always assessed comprehensively to ensure their safety is managed. A safeguarding policy is in place, which is kept under review and refers to current best practice and guidance. The service has worked in partnership with other agencies to participate in the safeguarding process.

## Care and Support

Throughout our visit, there appeared to be sufficient staff on duty to support people, providing care with genuine warmth and compassion. Care workers are attentive and respond to people's diverse needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. We saw staff sitting with people, and heard them engaging individuals in conversation, using humour and banter, encouraging others to join in.

Personal plans are not available for every person receiving care and support at the service. We were told by the Responsible Individual (RI) this would be rectified immediately. Personal plans should cover key areas of people's care and support needs and set out how care workers can meet these. People's personal plans are not always accurate or up to date. For example, we found one person's mobility had improved however their personal plan referred to them as immobile requiring the use of hoists for all transfers, which is no longer required. Evidence of the involvement of representatives for individuals assessed as lacking capacity was not available when decisions were made in their best interests such as for the use of bed rails and consent to the use of photos and videos of the individual.

Identified risks did not consistently have comprehensive assessment, mitigation, and guidance for staff to follow, for example, if a person was unable to use a call bell. We also noted plans did not include clear guidance for staff when supporting people with distress responses. We found staff need clear direction to manage individual's emotional well-being. The care planning review process is not sufficiently robust. The required improvements in relation to care documentation and its oversight have not been achieved. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. A range of activities and positive relationships with care staff helps to support people's emotional health; the rapport between care workers and people is fun filled and respectfully familiar.

## Environment

This was a focused inspection and on this occasion, we did not consider the environment in detail.

The location, design and size of the premises are as described in the statement of purpose. The home is spread over three floors. The ground floor contains all the communal rooms and includes the dining room, sitting room and activity room. During our visit, we found the environment to be clean. People are comfortable and content in their environment. People told us they were 'happy' living at the service and liked their rooms. The provider continues to invest in the service and its renovation, on the day of our visit the communal areas were being painted.

## Leadership and Management

As this was a focused inspection, we have not considered this theme, in full.

Governance arrangements are in place that support the operation of the service but require a more robust application on a day-to-day basis. For example, the monitoring and auditing of personal plans to ensure they are accurate and up to date. The RI conducts regular visits to the service and completes required reports. We viewed quality of care reports for the service that showed oversight and areas for improvement. People receiving a service and their representatives are asked their opinions of the service. An internal survey found high levels of satisfaction of the service.

A staff supervision matrix showed staff are now receiving regular formal supervision with their line manager. This formal supervision provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. A staff training plan showed some gaps in refresher training. The transition back to “face to face” training has impacted on the timing of some being delivered, the RI provided assurance that staff training is back on schedule.

### 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	Improvements in care documentation, its monitoring and oversight by management are required to ensure care and support is provided in a way which protects and maintains the safety and well-being of people.	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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