



Inspection Report on

Reene Court

**Abbeyfield House
Reene Court
Newport
NP19 0RJ**

Date Inspection Completed

10/10/2023

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About Reene Court

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Elysium Healthcare No. 3 Limited
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	[10 May 2022]
Does this service promote Welsh language and culture?	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

People are happy with the care and support they receive at Reene Court. There is a homely environment which is well maintained and decorated. People appear at ease in their surroundings and enjoy spending time in communal and quieter spaces. People actively participate in setting their personal wellbeing outcomes with the support of their primary nurses, these are audited and reviewed frequently. However, we noted that personal plans lacked consistent or robust guidance for care staff to follow.

During inspection we saw care staff encouraging participation in a variety of activities, and evidence of these planned throughout the year. There is a positive and friendly atmosphere in the service, people are enabled to come and go frequently. People's relationships with family and friends are supported by the care staff and nursing staff.

There is a new manager in the service, staff and people speak highly about them and the changes they are making to the quality of the service. Staff speak highly of their opportunities to develop, but we found some aspects of recruitment and support and supervision do not meet the regulatory requirements.

Well-being

People speak positively about their care and support and living at the service. People are supported to play an active role in their lives; there is clear signage around the service with details of bilingual advocates available. The service has signage in both Welsh and English to support people to navigate the space, though emergency signage is not yet bilingual. People can access information in a way that meets their needs, there are easy read Service User Guides (SUG) and policies and procedures which are available around the building. The service ensures people are aware of how to raise a concern, and there are measures in place to keep people safe from harm and abuse.

Care and nursing staff interaction with people is positive and warm. There is clear familiarity and respect between people and their care staff and nursing staff. People have primary nurses who support them in setting their wellbeing outcomes. Nursing staff ensure that personal plans contain information on people's wellbeing goals, but personal plans do not always contain sufficient guidance on how to support people with day-to-day tasks. People receive care as and when they need it. We saw and heard care staff offering choices frequently to people throughout our visit. People speak highly about their activities and options throughout the week. The service has a clearly displayed activity planner to ensure that people have plenty of options. Care staff encourage people to participate; we saw care staff leading a sing song and encouraging dancing at a birthday party.

The service is decorated well, is welcoming, and homely. People appear at ease in their surroundings and told us they are happy with their bedrooms. People appear to get along well with one another, we saw people sharing a chat over a hot drink and enjoying spending time in the lounge and dining area together. There is ample space for socialising as well as spaces for people to relax outside of their bedrooms. Visitors are able to come to the service as and when people want and speak highly of the service. The service encourages people to maintain their relationships with family, friends, and representatives. People are encouraged to provide feedback about the service, and the manager has a good understanding of people's needs, wants, and wishes.

Care and Support

People benefit from the care and support they receive. People are involved in their personal plans. There are monthly meetings with their primary nurses, where people are given the opportunity to discuss their wellbeing goals and outcomes. Personal plans contain information from the primary nurse meetings, and are reviewed frequently, with evidence of changes and oversight captured on the system. Personal plans contain sufficient information to support nursing staff to attend to people's physical and mental health. The service aims to capture people's social histories, although these are not included in people's personal plans. Personal plans lack detail on how to support people to achieve their wellbeing goals day-to-day. Risks and specialist needs are considered in the care planning process, but at times there is a lack of evidence of how care staff can manage these risks. Care and nursing staff keep accurate daily records of people's achievements as well as action taken to support people in reaching their wellbeing outcomes.

People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people's best interests, when required. People seem to enjoy the company of care staff, we saw people chatting, enjoying company and time together. Care staff are proactive in organising activities in the local community and encouraging people to be active members of their local area. We saw that the service had planned a range of novel activities for the coming months, such as pet therapy, a reggae singer, and a fancy dress party for Halloween. People attend regular residents' meetings, and the meeting minutes are available in the lounge for people to read at their leisure.

People are encouraged to freely make drinks in lounge/ diner and speak highly of the meal experience and food in general. The service promotes hygienic practices and effectively manages infection prevention and control procedures. We saw the service being cleaned throughout our inspection visit. The service has clear processes for the safe handling and management of medication. Nursing staff are organised, and there are clear processes and procedures being followed to ensure people's medication is managed safely. Where possible, the service supports people to manage their own medication.

Environment

The service is clean, tidy, and welcoming. We saw that communal spaces and bedrooms were being cleaned frequently throughout our visit. The service makes an effort to create a homely environment. During our visit, we saw decorations for Halloween and a person's birthday party. People are happy in the environment and appear at ease spending time in the communal spaces. The service is decorated well throughout, with wide corridors, and brightly painted walls. There is ample communal space for socialising in the lounge/ diner, as well as the garden. The lounge has plenty of comfortable seating, however, at the time of inspection there were limited options for layout which at times means people are sat in the periphery of the room. The dining area adjoining the lounge has plenty of seating with large tables from group meals and socialising. There is a hatch to the kitchen, and facilities for making drinks as well as sandwich options freely available to people throughout the day. At present the service has a three star (satisfactory) rating with the food standards agency (FSA), however the service has worked to address issues highlighted and is awaiting another inspection. In the garden, there is a gazebo area and outside seating, as well as a memorial area for people to remember those who have passed away.

People's bedrooms are spacious and have been decorated with their personal belongings. People are happy with their en-suite facilities. Where people prefer a bath, there is a communal bathroom available in the service. However, at the time of inspection, there was no hot water working in the bath. We are assured that the manager and responsible individual (RI) will take action to address this, so that people are able to bathe as they choose. The environment is safe for people using the service. People are supported to come and go freely, with appropriate support. The service is sourcing a new door system to provide people with their own entry fobs. There is renovation work taking place in the conservatory also, and a schedule of maintenance is in place to maintain the safety and functionality of the service. People are kept safe in the service, the manager ensures that all safety certificates are in date, and all health and safety checks are routinely carried out. The manager addresses any issues arising from the checks in a timely manner.

Leadership and Management

There are clear processes in place to support the oversight and governance of the service. Staff and people speak very highly of the leadership and management of the service, and particularly their new manager. We spoke to staff working in different roles, who all feedback positively about working in the service, one staff member told us they “*love coming to work in the morning.*” Staff feel supported in their work and with their wellbeing. People benefit from the leadership and management in place, the manager and RI gather feedback and have a good understanding of people’s preferences and wellbeing goals. The RI completes their regulatory visits to the service and captures feedback from people and staff in different roles. There is consideration of the service requirements, and analysis of trends and patterns to ensure future delivery of care and support is of a good quality. The RI reports on findings from the regulatory visits. The Statement of Purpose (SoP) makes reference to some pieces of legislation which are no longer current, the RI is addressing this, and we look forward to receiving the revised version. Policies are in place and are routinely checked. People are safeguarded from harm and abuse; the Safeguarding policy is clear and refers to current legislation. People and staff are supported to raise concerns and complaints with clear procedures in accessible formats.

There are enough care staff and nursing staff on duty to support people effectively. The rota for the service is in line with their SoP, and people are supported in a timely manner by positive, kind, and warm staff. Care staff are trained and supported to carry out their duties and speak highly of their opportunities for learning and development. Staff speak highly about the support they receive from the manager. However, support and supervision sessions are not happening as frequently as required by regulations. The service has processes in place to support the recruitment of care staff, however we found some instances where the process had not been carried out in line with the regulations. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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

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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15	The service provider must prepare a plan for the individual which sets out how on a day to day basis the individual's care and support needs will be met.	New
36	The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.	New
35	Must ensure that all required records are kept for staff employed at the service.	Not Achieved

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