



## Inspection Report on

**Reene Court**

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

## **Date Inspection Completed**

10/05/2022  
10 May 2022

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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	
Does this service provide the Welsh Language active offer?	The 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

Reene Court is a care home with Nursing that is able to accommodate up to 16 people. The home was taken over by a new provider in March 2021 and has benefitted from a full refurbishment since this time. The property is well maintained and has a 'homely feel'; however, the gardens were overgrown on the day of our inspection visit.

People are happy with the care and support they receive. The service recognises what is important to people and supports them to maintain their overall wellbeing and follow their individual interests. Personal plans inform care staff how best to support people. Plans are under regular review; however, improvements are required to evidence that people are involved with these reviews.

A manager is employed who oversees the day to day running of the home and is registered with Social Care Wales, the workforce regulator. The Responsible Individual (RI) has a good oversight of the running of the home and carries out regular visits and quality of care reviews.

Care staff feel valued and supported in their roles. Overall, we saw that care staff are recruited safely but some gaps in their records need to be addressed.

## Well-being

People have control over their day-to-day lives as much as possible. We saw people engaging in a range of activities, such as gardening, going for a bike ride and receiving visits from loved ones. People were very positive about their experience of the service. One person told us *“This place is brilliant for me; it suits my needs, and I am always treated with respect. I have learnt some good coping mechanisms and enjoy my independence.”* Another person told us *“I love it here; the staff are lovely, and the food is very good. I enjoy having visits from my family and going for local walks with them.”*

People receive the support they need to maintain their health and wellbeing. The service completes a range of risk assessments and personal plans, which identify each person’s care and support needs and how these can best be met. Individuals are supported to access medical and specialist services, as required.

People’s bedrooms are personalised to their individual tastes. People have some of their own furniture, family photos, cards and collectables in their rooms, which gives a homely feel to their surroundings.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to ‘the safeguarding of adults at risk,’ and understand their role in protecting people. People are encouraged to share their views about the service they receive.

## Care and Support

Personal plans and risk assessments are overall thorough, detailed and person-centred. All plans are clearly written. This gives guidance to care staff of how to best support each person along with relevant information to be aware of. People's likes and dislikes are recorded but no social history is evidenced to tell care staff about each person's background. Reviews of plans do not all show that the person or their representative have been involved, as required. Care records are accurate and overall sufficient.

Care staff interact with people in a calm, reassuring and dignified manner. Independence is encouraged with genuine warmth and appropriate humour. People access the local community independently to go for walks, shopping trips and socialise with others.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required. The management and care staff team work closely with specialist health services to ensure people are supported safely and appropriately. Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. We saw that the outcome of 'as required' medication is not recorded, and the medication room temperatures are not evidenced. The manager assured us that these issues would be addressed.

Infection prevention and control procedures are good. Care staff wear appropriate personal protective equipment (PPE) and wash their hands regularly. Temperatures of residents are taken daily and regular COVID-19 testing is carried out on staff. We were asked for evidence of a negative lateral flow test result before we entered the property and had our temperature taken before entering. We saw PPE station throughout the building to allow care staff to remove and dispose of PPE as often as required, before putting on fresh PPE.

## Environment

The home has been completely refurbished to a good standard with bilingual signage throughout the building to support an 'Active Offer' of the Welsh language which the service is working towards. The service is spacious, warm, welcoming and homely. People have a choice of spending time in their own rooms, which are personalised to their tastes or communal areas. The communal lounge and dining room are spacious, tidy, and well laid out with new furniture throughout. The home also has a large conservatory, we saw some clutter in this area which the manager assured us would be removed.

There is a small garden area to the front and a larger area to the rear of the property, we saw that the lawns were overgrown and required mowing. The rear garden area has raised beds for planting and a greenhouse which some residents enjoy the use of.

Communal bathrooms are well equipped, clean and tidy. People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency.

The home has a five-star rating from the food standards agency (FSA) which means that hygiene standards are very good. The FSA rating sticker was not displayed as required; the manager informed us that the front door had been replaced so they would request a new sticker to display. Increased cleaning is taking place due to the COVID-19 pandemic. We saw that the home is overall kept clean and tidy.

## Leadership and Management

The provider has effective governance arrangements in place to support the smooth running of the service. The model of care described in service's statement of purpose (SoP) accurately reflects the actual support provided. The RI visits the home regularly and knows the residents and staff team well. The RI completes detailed audits of the quality of the support provided as well as the wider running of the home. However, these reports do not contain sufficient analysis of all events required. The RI assured us they would address this. The manager effectively oversees the day to day running of the home.

We saw that sufficient care staff are employed at the service to support people in a dignified and unrushed way. The manager told us that some agency care staff are used whilst recruitment for vacant positions is ongoing, these agency staff are familiar with the home and people who are supported. People told us that there are always enough staff available to support them when they need it. Staff personnel files are well organised, however they do not all contain the required information to ensure that staff are safe to work in this environment. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Staff feel valued and supported in their roles, we saw care staff were confident in going about their duties and supporting people in a variety of ways. Care staff receive regular supervision with their line manager. This one-to-one support provides 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. Staff receive training in all the necessary areas and overall, training compliance is good. Care staff told us that the management team are approachable and supportive.

### 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
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
35	Must ensure that all required records are kept for staff employed at the service	New

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