



Inspection Report on

Old Vicarage Nursing Home

**Old Vicarage Nursing Home
Dulais Fach Road
Tonna
Neath
SA11 3JW**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

15/07/2024

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About Old Vicarage Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Old Vicarage Limited (THE)
Registered places	42
Language of the service	Both
Previous Care Inspectorate Wales inspection	19 May 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The Old Vicarage is a large privately run nursing home supporting people with complex needs. The service is based in the small village of Tonna. People, relatives and professionals are complimentary about the service being provided.

Since the last inspection there has been a management change. A new Responsible Individual (RI) and manager. During our inspection we saw documentation showing supervisions, appraisals and refresher training for nursing and care staff are not being carried out within regulatory time scales. However, staff told us they feel well supported by the management team. This is an area for improvement.

Since the last inspection, visits to the service and quality care reports are carried out by the new RI. This is an improvement since the last inspection and this area for improvement has been achieved.

Well-being

People are treated with dignity and respect. People are supported by staff who know them well. We saw staff are kind and respectful to people engaging them in conversation about the activities of the day. A professional told us; *“The staff were friendly and respectful; they were observed engaging with the residents’ and team members in a positive manner promoting choice and wellbeing”*.

People live in accommodation which overall supports their well-being. For the most part the service is well maintained and decorated with small areas looking tired or in need of repair. Such as hallway carpeting, the lift floor, wallpaper and paint. People’s bedrooms contain personal items important to them and are adequately furnished. The manager ensures the service is clean, and equipment for moving people is serviced regularly.

People are protected from harm and abuse. The provider has an adequate safeguarding policy in place. Staff receive safeguarding training as part of their induction followed by annual online refresher training. Refresher training is not always updated in line with the Statement of Purpose (SoP). Staff spoken with understand their responsibilities around safeguarding and reporting concerns. People told us they feel safe and well supported by staff.

People are supported in the service with adequate management oversight. There is a new RI who works daily within the service, supported by a new but experienced manager. The RI carries out formal visits to the service, documenting his findings in detail. The RI has also carried out a quality-of-care review of the service to drive improvement. The RI told us his priority going forward will be the formal support of staff and refresher training. Staff told us they are well supported by the new manager and RI who have introduced an employee of the month scheme.

The service has effective recruitment processes in place to protect people with a workforce vetted appropriately. Safe staffing levels are maintained by the RI who adjusts staffing levels as the needs of people change. This was confirmed by the staff, people spoken with, and the documentation seen.

People's emotional physical and mental health is maintained. Some staff have worked in the service for some time and can recognise the signs of ill health or emotional distress, this is fed back to nursing staff who support people to access health professional and emergency services as and when required. We saw daily records and other electronic documents showing a history of timely referrals.

Care and Support

The standard of care is good. We saw warm, respectful interactions between people and staff. People told us; *"It's very good here the staff are always very respectful they're more like friends really"*. A Professional told us; *"I will occasionally be in earshot of discussions between residents and staff (even where the resident cannot properly respond) and have nothing but praise for their conduct"*. We saw good care plans and associated risk assessments are in place to best support the complex needs of people. Specifically, around skin integrity, documentation seen show staff are consistently monitoring and being proactive to the changing needs of people. Relatives spoken with expressed their thanks for staff openness, in communicating changes quickly and honestly. A relative told us; *"The strengths for me are definitely the people who work there from the cleaners, laundry staff, kitchen, nurses and carers"*. *"They are the beating heart of The Old Vicarage"*.

The service has safe systems in place to ensure people receive their medication as prescribed to keep them safe. Medication audits are carried out by the manager to maintain good practice and identify areas for improvement. We sampled four medication administration records (MAR) which contained no gaps or errors, and medication was stored safely within a locked trolley and locked room. The service complete medication temperature checks, to ensure it remains effective. Nursing staff are trained with regards medication and refresher training is carried out. However annual competency assessments are not carried out or retained in staff personal files as stated in the medication policy. This has been discussed with the RI, who told us training is a priority for him moving forward.

The provider has mechanisms in place to safeguard people they support. We saw adequate safeguarding policy and procedure in place to safeguard people. We saw a training plan showing staff receive safeguarding training as part of their induction, however online refresher training is inconsistent. Staff told us; *"To protect the vulnerable, anything untoward report straight away"*. Deprivation of Liberty Safeguards are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

Environment

People live in a service which meets their needs. The service is situated in a semi-rural village containing local amenities. With large garden, patio area, with two conservatories, well furnished. The service provides a pleasant, comfortable, and homely environment. Bedrooms within the service are spacious, clean, tidy, and well kept. They are decorated to a good standard and communal areas appear warm, well presented, and clean. There are some areas of the service which requires an upgrade and refresh of paint. The provider has a refurbishment plan in place with timeline and costings for the changes needed. People and relatives told us the care and support is very good which is more important than a lick of paint. We saw people have access to furniture, equipment and materials that are appropriate for their needs. The RI told us he has invested in new slings and specialist seating for people, as the number of people with more complex needs have increased.

We saw the kitchen had a food hygiene rating of five (very good). We found the kitchen to be clean and well equipped with a well-stocked pantry. Kitchen staff have good knowledge of people's dietary requirements to support their health and well-being. Laundry facilities are adequate. Transfer of soiled linen is being reviewed by the RI and outside storage considered. Fire escape stairs are covered in lint from the laundry extractor fan this was cleaned before the second day of inspection. The RI confirmed he will monitor this as it could prevent people's escape in the event of a fire. The fire door in the hallway is blocked by a chair, this is the second occasion it has been pointed out. The RI and manager gave reassurances that all fire escapes will be routinely checked to ensure people are able to evacuate the building safely. Effective and efficient fire procedures, testing and training take place to protect people. Records confirmed fire alarm tests take place weekly. Effective daily cleaning schedules are in place as all parts of the home are clean, tidy and well organised.

The need for confidentiality is anticipated and respected. Care records are safely stored, and employee personnel records are kept securely in the manager's office. People are safe from unauthorised visitors entering the building, a key code entry system is used. Visitors need to ring the bell to access the building and sign the visitors book in line with fire regulations.

Leadership and Management

Since our last inspection there has been a change to the RI and manager of the service. Visits to the service had previously not been documented by the RI. The new RI has adequate arrangements in place to assess, monitor and improve the quality and safety of the service. The RI visits the service daily and carries out more formal quarterly visits, speaking with people, staff, and sends out questionnaires to collect feedback which feeds into the quality-of-care reports. The quality-of-care review and visit reports completed by the new RI are good and show effective oversight and governance. The reports also include actions required of the manager to maintain and improve the quality of care. Some audits are carried out by the new manager, including medication and care planning. Support is given to staff through irregular supervision, and impromptu discussion, which was supported in the documents seen. Staff training refreshers are not in line with timelines set out in the Statement of Purpose (SoP) particularly those of the registered nurses. The manager and RI are aware supervision, appraisals and refresher training are behind schedule and have assured us that these areas will be a priority for them. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider has effective recruitment processes in place to safeguard people. We looked at eight staff personnel files and saw good recruitment and pre-employment checks are carried out. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their outcomes. The training plan and discussions with staff support this, however refresher training is well behind schedule specifically for registered nurses. A staff member told us; *“All of my online training is up to date”* And *“Manual handling is face to face with the RI, we do theory and then practical”*. Staff feel supported by the manager, comments included, *“Yes, I feel valued by the new manager, she’s good and comes in to do my supervision, and she has introduced nurse meetings monthly and care staff monthly meetings which we can attend”*. All staff are registered with or working towards registration with Social Care Wales (SCW), the care workforce regulator. All nurses are registered with the nursing midwifery council.

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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36	People cannot be assured they are supported by care and nursing staff who receive adequate supervision and whose training is up to date.	New
80	We could not see a systematic approach to quality improvement. Service visit reports are not carried out. Quality of care reports do not show any analysis of quality improvement within the service.	Achieved

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