



# Inspection Report on

**College Fields Nursing Home**

**College Fields Nursing Home  
College Fields Close  
Barry  
CF62 8LE**

## **Date Inspection Completed**

24/03/2023

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## About College Fields Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Middlepatch Limited
Registered places	68
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">20/08/2019</a>
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

College Fields Nursing Home can accommodate 68 residents with nursing and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. An application has been received and in process for a new responsible individual (RI).

People receive appropriate care and support from a friendly staff team. There are sufficient staff to provide care and assistance with suitable arrangements in place to cover any staffing shortfalls. People live in an environment which is suitable for their needs although we identified areas for improvement. Activities and support in accordance with people's interests and wishes are carried out daily.

The management team are visible and engaged in the day-to-day running of the service. Systems are in place to ensure the quality of care and support are provided. Care documentation reflects the care and health needs of people living at the home.

The home environment is secure. People are consulted about the care and support they receive. Infection prevention and control; processes are in place to reduce the risk of infectious diseases being spread throughout the home.



## Well-being

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support. People are encouraged to have visitors to the home and supported to stay in touch with important contacts. Throughout the visits we saw visitors and relatives arriving at various times throughout the day.

Measures are in place to promote good standards of practice throughout the home. The home carries out audits to help monitor standards and practice. Management shows good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present which reflects the service.

The service is suitable for the needs of the residents and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of the staff. Team meetings take place specific to each worker's role. The provider demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose.

Whenever possible, people are supported to have control over their day-to-day life. People follow their own routines each day with support and encouragement from the staff team. The care staff we spoke with were familiar with people's individual preferences and these are recorded in people care documentation. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

People have positive relationships with staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are happy at College Fields and enjoy positive relationships with staff. Comments included *"staff are second to none here"* and *"when I came here first I was very upset but the staff put me at ease immediately, made me so welcome, its like family here"*. Care staff are happy and enthusiastic about working at the service. Comments included *"I love my job, we are well supported here"* and *"we are a good team, we all work well together here"*.

People are safeguarded and protected from harm. Care staff are trained in safeguarding and have policies and procedures to guide them. Appropriate recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. There is a robust recruitment process. We saw applications were made, and records in place, in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. The service makes safeguarding referrals when required and notifies CIW of notifiable events.



## Care and Support

Care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding meal and snack options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People's preferences and aspirations are documented. Personal plans reflect people's current needs and desired outcomes. Documentation is reviewed within the required timescales and there are systems in place to ensure people are involved in the review process whenever possible. People with spoke with are happy with the care and support being provided. We spoke with one resident who told us *"I am very happy here, staff are very kind, only thing I would like is a copy of the activities available each week"*. We discussed this with the manager who told us this would be made available immediately.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files evidence referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by staff and management.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they felt safe and secure living at the service. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received safeguarding training.

People have a good choice of meals to suit their nutritional needs and preferences. We saw the people enjoying the meals provided and observed a calm, social time for people to enjoy. The chef told us of people's dietary requirements and had a good understanding of people's likes and dislikes. The home has achieved a score of five (very good) food hygiene rating. We saw drinks and snacks offered throughout the visit and visitors told us they are offered lunch when visiting the home. We saw care staff are readily available, attentive and recognise people's needs and how to respond to them. We observed people throughout the visit, sitting in the dining areas, chatting, carrying out various activities or enjoying quiet time in their bedrooms reading or watching TV.

The service has systems in place for medicines management. People receive their medication as prescribed by staff who are trained in how to administer medication safely. The service promotes hygienic practices and manages risk of infection and we saw staff wearing personal protective equipment when required.

## Environment

People have a sense of belonging. The home offers several small communal areas for people to sit and enjoy time with others or spend quiet time. Bedrooms are personalised with items of people's choice and personal belongings. There is a large dining area and front garden area which gives the home a pleasant feel and where people can enjoy spending time in the warmer weather. There is good access and egress for people with mobility needs. The entrance to the home is secure and visitors must ring to gain entry. The home has a visiting dog which residents enjoy and which provides a 'homely feel'.

People are cared for in a clean and homely environment. However, some areas throughout the home appear worn and tired. We discussed this with the manager who agreed with the findings and told us plans are in place for a schedule of works to be carried out throughout the home. During our second visit we saw maintenance staff present who had commenced painting several bedrooms, residents had participated and chosen the colours of choice for their rooms. Corridors throughout have been painted and we were told of the plans to improve the flooring throughout.

People are protected from environmental health and safety risks. There are three floors to the home, each accessible via a passenger lift. The home offers suitable accommodation for the residents and management has shown a commitment to developing and improving it for their benefit. Although we identified areas where improvements can be made throughout the home people can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance. We found call bell checks are carried out and call bells available throughout all areas of the home.

Management oversees the home's health and safety requirements. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. Staff carry out regular safety checks and people have emergency plans (PEEPs) in place. There is a fire risk assessment and care staff have training in fire safety and manual handling with all current training up to date. Environmental audits to ensure areas are clean and safe are carried out daily/weekly and any shortfalls addressed immediately.



## Leadership and Management

Systems and processes help promote the smooth running of the home. Management carried out internal audits to monitor standards and practice. Daily nurse handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw contingency plans in place.

People have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. This is an important document, which should outline the homes' philosophy of care. The document demonstrated that the home has a focus on promoting, "choice, independence and dignity" and found that the home seeks to put these values into practice. Since the last inspection we found regular auditing of all documentation and medication administration records are regularly carried out to identify risks, monitor quality and any improvement required. Policies and procedures are accessible to staff and provide guidance and information to support them.

The service manager has a visible presence in the home and was described by staff as "*extremely supportive*", "*marvellous*" and "*approachable*". Staff we spoke with told us they felt able to discuss any concerns they may have with the manager or management team. The staff team feel supported and have access to regular team meetings, receive regular supervisions and an annual appraisal. This ensures staff receive feedback on their performance and support to identify areas for training and development in order to support them in their role.

Care staff have access to an on-going training and specialist training programme which include catheterisation, wound and tracheostomy care. Staff meetings take place for qualified nurses, care staff and night staff. Staff we spoke with told us they enjoy working at the home and feel valued.

Systems are in place by the provider to monitor the quality of the service provided on an ongoing basis, to further develop and improve the outcomes for people who live at College Fields. The responsible person and the manager are both visible and were described by staff as "*fair*" and "*good to staff*". The provider visits the service as required and engages with individuals and residents. They demonstrate oversight of resources and we saw a quality-of-care review which has been completed as required. The service has recently changed ownership and an application has been received for a new responsible individual (RI) which is in the process of completion.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
58	Regulation 58 (c). - The service provider must have arrangements in place to ensure regular auditing and administration of medicines.	Achieved
57	Regulation 57 - The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonable practicable	Achieved

Where we find the provider is not meeting the National Minimum Standards for Regulated Child Care but there is no immediate or significant risk for people using the service, we highlight these as Recommendations to Meet National Minimum Standards.

We expect the provider to take action to address these and we will follow these up at the next inspection.

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