



Inspection Report on

St Albans Nursing Home

**St. Albans Care Home
Swinton Street
Cardiff
CF24 2NT**

Date Inspection Completed

4 and 15 July 2022

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About St Albans Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Crusader Medical Care Ltd
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	23/05/2019
Does this service provide the Welsh Language active offer?	Working towards

Summary

People receive personal care and nursing care from a team of nurses, nursing assistants and carers who are familiar with their needs. Nurses and care staff report they have enough information about new people before they arrive, and use their initiative in learning more about them once they have moved in. Further improvement is required to ensure all the nurses understand their role and responsibilities. New staff members have been recruited during the inspection period and therefore general staffing levels have improved. The service is still experiencing some difficulty in recruited qualified nurses but is considering ways to address this. Personal plans are detailed and contain people's preferences. Whilst most were reviewed, we found instances where peoples most up to date needs were not within their plans. Supplementary charts and recording of nursing interventions were not always consistently recorded. All staff receive regular supervision and annual appraisals, and complete required mandatory and need-specific training courses. Facilities and equipment are serviced and maintained to ensure they are fit for purpose. The home environment requires some improving. The provider has a planned schedule of work in place. Building work was ongoing during our visit. There are arrangements in place for oversight and monitoring of the quality of care being provided at the home by the responsible individual (RI). During the inspection, the deputy manager was overseeing the service. They report feeling supported in their role. The service has undergone a change of ownership, which has led to several changes within the service. This has created concern for some of the staff which the RI and provider are addressing.

Well-being

People spoke positively about staff and said they have good relationships with them. The RI and manager are also well known to people living in the service and are visible and available. We saw care workers respecting people's privacy and knocking on their bedroom door before entering. Staff were discreet when delivering personal care and shared friendly 'banter' with people. We saw staff set boundaries with people, where required, in an appropriate way. We observed positive interactions between staff and people which gave them reassurance and the support they need. There is an activity team at the home and there is good opportunity for people to join in- house activities but also peruse individual activities outside of the home. Residents have meetings where they feel able to raise issues and make suggestions to develop the service and improve the experiences of people living at the home. Residents inform us that the manager and staff take action when suggestions are made. Minutes of the meetings reflect issues raised but could better reflect how these are going to be addressed.

Not all care plans and risk assessments are fully reflective of people's needs and require updating. Most daily care records are complete, but we found instances when there were gaps in some key information. Supplementary documentation was not always completed consistently. People have access to health services as required. The General Practitioner and other specialist professionals regularly visit the home and monitor people's health and well-being. People receive the right medication at the right time.

People live in an environment that protects them from harm. There are arrangements in place for fire safety and maintenance of the home. The home requires some updating in several areas such as communal spaces, bathrooms, and flooring. The provider has a maintenance plan in place to address this. At the time of inspection, construction work was ongoing updating the lounge and kitchen areas upstairs. Whilst the work has caused some disruption, the provider has taken reasonable measures to address this as best, they can. People personalise their own space and have their own soft furnishings. We saw some instances where items such as bedding needed replacing the deputy manager addressed this at the time of inspection. There are good arrangements in place to maintain cleanliness and manage infection control. Staff understand the importance of health and safety and infection control.

The Service Provider, through the Responsible Individual (RI), has policies and procedures in place to safeguard people living at St Albans. The manager reports any incidents or accidents to the relevant authorities. Full investigation of incidents ensures appropriate action is taken. People told us they felt safe and would know who to raise a concern with if they needed to. We saw instances where people have raised issues, they are unhappy with had been responded to appropriately.

Care and Support

People are treated as individuals and participate in their care planning. Care files contain a person's social history and their preferences. Known risks are identified and strategies to support people are in place for staff to follow. Where needed, people have positive behavioural support plans (PBS). Triggers and relapse indicators that may account for a decline in people's mental health are identified. The provider is in the process of updating all residents care plans and inputting them onto a new system. The care plans and risk assessments are not always fully reflective of people's needs and some require updating. Most daily care records are complete, but we found instances when there were gaps in some key information. Supplementary documentation around care and nursing interventions was not always completed consistently which could impact on clinical oversight at the service. Maintaining adequate records and ensuring care plans contain all the current needs of people is an area of improvement and we expect the provider to take necessary action to remedy this by the next inspection.

Individuals are supported to maintain a healthy diet and fluid intake. The service monitors people who are at risk of losing weight. People who are at risk of losing weight are supported with their fluid and nutritional needs as outlined in their plan. This includes provision of high calorie meals, drinks, and snacks. There are records to support this, however, fluid charts do not have an optimal daily target to guide staff. We discussed this with the deputy manager who rectified it between our inspection visits. Regular weight checks are conducted. Analysis of records and reviews ensure appropriate intervention from the GP or dietician as required. The kitchen has a level 5 food and hygiene rating which is the highest available. Kitchen staff have training that enables them to provide a good standard of food relevant to the needs of people such as fortifying food, pureed diet, and presentation.

The home links closely with the general practitioner and other specialist health services. Appropriate health referrals have been made to seek further advice, when needed. Most monthly health checks are undertaken but we found some occasions when this was not the case. We noted that the daily care records do not always provide accurate time critical information of nursing care and support delivered in that period. There are currently two different systems in use which means that at times staff are entering information on one system and not the other. Daily notes also did not always reflect if people were receiving oral care or positioning as required. Gaps in recording could compromise the clinical oversight in the service. Communication between shift handover requires improving. Verbal handover from night to day staff did not contain sufficient information and omitted some key information. Further improvement is required to ensure all the nurses understand their role and responsibilities. Record keeping in this area requires improving and will be followed up at next inspection

People are administered the correct medication at the right time. The service uses a computerised medication system. We found that medication is appropriately stored and secure. The records show that medication is accurately administered and recorded. Staff

are trained to administer medication. Medication audits show that there is a system in place to maintain oversight. The medication policy is regularly updated in accordance with best practice guidance.

There are arrangements in place to inform care staff how to protect people from harm. Training records show that care workers receive safeguarding training. The safeguarding policy is up to date with the new Wales Safeguarding Procedures. The provider has made appropriate applications to the Local Authority when there is a deprivation of liberty due to the individual's lack of capacity and to protect them from harm. Incidents are reported to the relevant authorities to safeguard people. There are emergency fire evacuation plans in place for care staff to understand how to safely evacuate people

Environment

Improvement is needed to ensure the environment supports people to achieve their personal outcomes. The home is clean and tidy but a little tired looking in places and requires modernising. We saw in some bedrooms that the carpets were in a poor condition and in need of replacing. This was discussed with the RI who informed us that the home has started a refurbishment programme when it changed ownership. There is considerable work planned but needs to be spread out as not to cause too much disruption. At time of inspection the upstairs lounge was under construction, with plans to improve the conservatory, replace downstairs kitchen and replace all carpets with hard flooring throughout 2022. A system of monitoring and auditing which was in place to support a planned maintenance schedule and renewal programme for the fabric and decoration of the premises was in place and a full-time maintenance team are at the home. Some people's personal items such as bedding was in poor condition, this was addressed by management on the day of inspection. There is outside space available with a smoking area, and some raised beds for gardening. We will review the environment at the next inspection.

The service provider ensures measures are in place to manage risks to people's health and safety. Safety records show that checks are conducted to identify and address any problems. Fire safety checks are conducted regularly. Window restrictors are in place in the areas seen by us. Materials that have the potential to cause harm are stored securely inside the premises. Emergency alarms are accessible to the residents. We saw call bells being answered in a timely way.

Information is stored securely electronically and in a locked office and care documentation is treated sensitively ensuring people's privacy is upheld

Leadership and Management

The service provider has governance arrangements in place to support the operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning and risk assessment. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. There is a service user guide available for people living at the home. People and families give positive feedback about the care provided. We saw policies and procedures are in place and updated such as the medicines policy, infection control and safeguarding.

The service provider and management of the home monitor the quality of the service they receive. The Responsible Individual (RI) visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which evidenced people's feedback and recommendations for improvements in the home. We saw evidence that the RI has oversight of the service. We looked at documentation that confirmed the RI conducts quarterly assurance monitoring visits to the home.

There are enough staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available, and this was seen during our visit. There are mostly enough staff available when needed, however, the service has been under pressure due to staffing shortages and at times has run on the lower end of required numbers. We did not find any instances where this compromised people's safety. Care staff have regular supervision and appraisal. Training is in date and staff have a mix of online and face to face training.

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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59	Records of care provided including daily records of specific care interventions were not always available.	New
16	Some people's care documentation was not reflective of their current needs.	New

Date Published 22/08/2022