



Inspection Report on

Hermitage House Care Home Limited

**The Hermitage
Salop Road
Welshpool
SY21 7EP**

Date Inspection Completed

20/09/2023

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About Hermitage House Care Home Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Hermitage House Care Home Limited
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

We found people are mostly happy living at The Hermitage and told us they can spend their time how they choose to. People are supported by experienced and kind staff who know them well.

People have person centred support plans in place which are created and reviewed with them, or a representative on a regular basis. People are supported with their well-being, physical and mental health.

Improvements are needed to communal bathrooms, and the refurbishment of the home is an ongoing process.

Care staff are recruited safely and supported with their learning and development. The responsible individual (RI) works closely with the management team, who have a good oversight of the service and have developed processes which measure the quality and effectiveness of the service.

Well-being

People have some choice about aspects of daily living, such as where to spend their time and what to eat. Some people told us they are happy with how they spend their time, whilst others said they would like more activities. People choose to spend time in their bedrooms or in communal areas. There are games, books, and newspapers for people to use, and we saw people play dominoes together in the afternoon. Care staff encourage people to continue with their hobbies and support this by purchasing materials and helping people to display their crafts. The home has bi-lingual Welsh signage and documents are also available in Welsh. People are asked about their communication preferences. People told us they have visitors whenever they want, and we saw several family members visiting on the day of inspection.

People and or their representatives are involved in care planning and reviewing on a three-monthly basis. Records are person centred and updated when people's needs change. People are consulted about areas which affect them such as menu planning and decoration of the home. Staff ensure care is delivered in line with guidance from medical professionals and referrals are made as required if people need additional support.

People are protected from abuse and neglect because the provider has safeguards in place to keep people safe. Care staff receive safeguarding training and there are policies in place to provide further guidance and support. The provider ensures safe recruitment procedures are in place. Care staff are supported to register with Social Care Wales. The provider has robust audit systems in place to review incidents, accidents, safeguarding concerns, and complaints which are analysed monthly, and action taken where required.

The provider has ensured adaptations to the home mean it is accessible to everyone. People are able to mobilise around the home safely and can also access a safe outdoor space. Refurbishment of the home continues to take place and the RI recognises; improvements are needed to communal bathroom areas.

Care and Support

People receive care and support in a person-centred way which is delivered in line with their wishes. This is because people are involved in the assessment process and in the creation and review of their support plans. Information within records specifies what support people need and how they want this to be provided, which promotes independence. Records include information from external professionals and information about how to support people with any identified risks.

People are consulted about their views in the running of the home through regular resident's meetings and feedback surveys. People are consulted about menu options, activities, and their opinions when areas of the home are being planned for redecoration. One person told us they were given a choice of rooms and said, "*I am quite happy here*". The provider ensures feedback is gathered and creates actions from this which is summarised within the quality-of-care review.

People are supported with their physical and mental health because the provider ensures access to services such as physiotherapists, speech and language professionals and routine health checks. People have equipment to support their health and wellbeing in place if needed, which is maintained as required. We saw people receive visits from occupational health professionals and the district nursing team. Care staff make detailed notes of visits within health records.

Medication is managed safely within the service. Senior staff receive in depth medication training and have effective procedures in place to ensure medication is managed and administered safely. People have regular medication reviews and care staff are proactive in seeking medical advice where there are concerns about a person's medication.

Environment

People live in a home which is clean, tidy and encourages people to mobilise safely to different areas of the home. People are able to access communal areas which offer a variety of seating to meet people's physical needs. Bedrooms are decorated to personal taste and people are encouraged to have their own furniture and items of comfort to feel at home. People have access to a pleasant outdoor area which is safe and offers raised flower beds and covered areas. We saw several people accessing the garden area during the visit.

The provider has replaced some carpets in the home, with a refurbishment plan in place for others. We found communal bathrooms and toilets are clean but require maintenance to fixtures, fittings, and bathing equipment to ensure they are in good condition and offer a pleasant space for people to carry out personal care. We found a number of items of unused equipment stored in external and internal areas of the home, including corridors which could pose a risk to people mobilising in these areas. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The provider carries out risk assessments and audits of the environment. We were provided with records which show regular servicing of fire safety, call bell systems and lift servicing. Gas safety and electrical testing certificates are in place and up to date. The provider has a detailed fire emergency plan in place which includes personal emergency evacuation plans (PEEPS) for every resident. There is a detailed contingency plan in place for the home.

The home has been inspected by Environmental health and the kitchen has been awarded a rating of five, the highest which can be achieved.

Leadership and Management

The service is overseen by a management team who work together closely and have thorough processes in place which review areas of service provision. Auditing tools developed by the manager, measure effectiveness of the service in line with the guidance of the Regulations and help to identify areas which need to be developed. The manager effectively audits areas such as medication, safeguarding, incidents and accidents. A statement of purpose (SOP) and guide to the service, inform people about what they can expect if they choose to live at The Hermitage and also provides people with important information of who they can contact if they have a concern.

We reviewed the recruitment files of three staff employed at the service. We found all the required pre-employment checks are carried out before a person begins working at the service. Staff have the appropriate disclosure and barring service checks (DBS) in place and have applied for registration with Social Care Wales. This is to ensure people are suitable and safe to work with adults at risk. Care staff receive supervision and appraisal as required and records seen show training is completed as needed. The provider told us they plan to source other training to develop staff knowledge and skills further. Care staff told us they feel supported and are able to work shifts which promote a good home and work life balance.

The responsible individual (RI) visits the home on a regular basis. Reports completed by the RI show they review areas such as records and the environment and speak to people who live at the home. People told us they see the RI who comes to speak with them, and they can ask for things. The quality-of-care review is a detailed document which summarises information gathered through audits, feedback, and other monitoring tools. The provider has ensured feedback from people included and has identified areas which they would like to develop to improve the service further.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
44	Further improvements to the environment are needed to provide an adequate standard of living.	Not Achieved
36	The provider does not ensure staff are provided with regular supervision, an annual appraisal or necessary training.	Achieved
60	The RI does not notify CIW of significant events in the home as required, including changes in the management arrangements.	Achieved
19	The provider has not produced an up to date guide to the service for people who live or are considering living at the home.	Achieved
80	Measures are not in place to regularly check the quality of the service.	Achieved

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