



Inspection Report on

The Old Vicarage Private Nursing Home

**Marina United Ltd
53 Sketty Park Road Sketty
Swansea
SA2 9AS**

Date Inspection Completed

03/03/2023

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About The Old Vicarage Private Nursing Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Marina United Ltd |
| Registered places | 47 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 19 October 2021 |
| Does this service provide the Welsh Language active offer? | This 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

The Old Vicarage nursing home supports people with nursing and residential needs. Since the last inspection there has been a change to the responsible individual, and the reinstatement of a former matron to manage the service. There is suitable governance in place and an enthusiasm from the team to provide a good service. People spoken to were complimentary about the service. People participate in activities to support their mental health and well-being. There are processes in place to safeguard people. The provider has an admissions process to support the suitability of the service. The staff team are knowledgeable and are well supported through supervision and appraisal.

Well-being

People are treated with dignity and respect. Individuals are supported by staff familiar to them and who know them well. People looked happy, comfortable, and cared for. We saw staff engaging with people supporting them with sensitivity.

People's health care needs are supported and ensure timely access to healthcare professionals. People's personal plans support staff in delivering care and support that meets people's needs. Plans are person centred and focus on their personal outcomes. We found good systems in place to support the monitoring of skin integrity and fluid and nutritional intake. Skin integrity checks carried out by staff were seen and completed appropriately and routinely to support the interventions of staff. We saw auditing of those systems by the manager and matron showing a wish to promote quality.

People are protected from harm and neglect. The service provider has safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding concerns to the management team in a timely manner. Staff understand the whistle blowing process, staff told us, that they would be confident in following the process if needed but were equally confident in the services ability to meet the needs of people. Safeguarding training is provided to staff, this was confirmed by staff and in training records seen. There are suitable recruitment processes in place including Disclosure and Barring Service (DBS) checks.

People live in an environment that supports their well-being. People have access to several suitably decorated communal areas. Some of which are being redecorated, redecoration is also taking place in other areas of the building. People told us they were happy and settled in their environment and chatted openly about their experiences. The service is clean, and bedrooms are personalised with their belongings. Relevant health and safety checks are carried out, there is documentation showing areas for redecoration and refurbishment.

The management team have undergone some changes with a new Responsible Individual (RI) and the return of a previous matron. Speaking to staff and people they have suggested this is a positive change for the most part. Medication audits previously in place have lapsed over a short period, this was discussed with the RI who gave reassurances that those systems have be reinstated.

People can do things that matter to them. A range of activities are offered to people, people told us; *"We do a lot of quizzes, arts and crafts and cookery. I like the bingo because we get prizes"*. This was supported by the activities plan, discussion with staff and people.

Care and Support

The provider considers a range of views and information to confirm their ability to meet the needs of the people they support. The statement of purpose (SoP), a document which shows people what they can expect from the service, is up to date and gives relevant information on the new RI and returning matron. The document has a brief summary of the admissions process to support the suitability of the service.

The provider has accurate personal plans to show how people's support is to be provided to meet their needs. People's personal plans support staff to deliver outcomes in a consistent way. The personal plans sampled contain accurate information which reflects the care being delivered. Staff are knowledgeable about the people they support their likes, dislikes, and interests. We saw positive and caring interactions with people from catering staff as well as care staff. Regular reviews of personal plans are taking place with the involvement of the person or their representative. This was confirmed when speaking to people, relatives, and staff however, their involvement is not adequately reflected in documentation. After discussion with the RI, it was agreed information about inclusion in the review process will be added to the existing documentation.

People are protected from harm and neglect. The provider has good systems in place to safeguard people. The safeguarding policy and training handbook are up to date and reviewed regularly. Staff receive training and are aware of their responsibilities. Staff told us: *"To protect the resident. Report it". And "It doesn't matter who it is carer or professional I would report it"*. We saw Deprivation of Liberty Safeguards (DoLS) are in place for people who lack capacity to make decisions about their accommodation, care and support.

There are safe systems in place for the management of medication and how to help maintain people's health. The provider has policies and procedures in place around safe storage of medication and we saw medications stored securely with appropriate temperature checks. Regular auditing of medicines and administration of these have been reinstated.

People are supported well with risk assessments that meet their needs. The standard of care is good. We saw staff contributing to the well-being of people through warm, respectful interactions. People are included in discussions on positive changes to the home through resident's meetings. This was confirmed through meeting minutes and discussions with people.

Environment

The property meets the needs of people. Staff have made an effort to make the environment warm and friendly. Staff are friendly and welcoming; the decoration is suitable and functional and meets the needs of people. There is a program of maintenance and redecoration in place to support the mental health and well-being of people. Which includes the development of a café area in the entry to the home supported by their existing small shop.

We saw people comfortable in their surroundings and communal spaces. People moved freely and spoke up with confidence if they needed assistance. We saw staff interacting with dignity and respect and offering choice, people appeared happy. The home is a large property which gives people the option to socialise or spend time alone. The bedrooms are personalised to their own tastes, individuals have photographs, pictures, and ornaments on display. The service has a current food standards agency (FSA) rating of 5 which defines hygiene standards as very good. People and staff complimented the home on the food and on the skills and dedication of the kitchen manager. This was observed during the inspection.

The provider has systems in place to identify and mitigate risk to the health and safety of people. We saw good well documented fire risk assessments, servicing records of fire equipment and the fire system. All safety including fire, water and gas checks are carried out regularly. The service has a key code entry system.

The management of infection control and hygiene practises within the service are good, with the temporary use of outside cleaning contractors, which were observed during the inspection. Personal Protective Equipment (PPE) and sanitiser stations are located around the home. Staff informed us they had sufficient supplies of PPE. We saw systems in place for the safe disposal of PPE and clinical waste.

Leadership and Management

The provider has good governance and quality assurance monitoring arrangements in place, which supports the smooth operation of the service. The service has a new RI and matron in post who have the relevant skills and qualifications to support people to achieve their outcomes. The provider has a large staff team, with the knowledge and skills to support people. The provider also supports student nurses and those on work experience from the local college. Staff and relatives told us the matron and RI are very supportive, knowledgeable, and approachable. There are policies and procedures in place which are reviewed on a regular basis. The guide to services is a good, well laid out document available to support the needs of people and the SoP is well presented and reflects the service being provided.

The service has good systems in place to monitor and review the quality of care and support being provided. The Responsible Individual (RI) takes an active role in the service, which is evidenced in the three-monthly reports they produce and their daily attendance at the service. The report shows the matron has clear guidance on their role and responsibilities and actions to be taken for improvement of the service. The provider has oversight of financial arrangements and invests in the service. We saw suitable staffing levels on the day of inspection this was confirmed by staff and daily schedules.

The service provider operates a culture of openness honesty and candour throughout all levels of the service. Team meeting documents show that staff are encouraged to be open about the service and their well-being is supported. People told us the RI and matron are approachable and will listen.

Individuals are supported by a service that meets their needs. There are suitably qualified staff who have the knowledge, training, and experience to support people to meet their individual needs and outcomes. Staff told us; *“All our courses are in June so they're coming up, I've done fire safety COSHH, safeguarding, dementia”*. An overall training plan supports this statement, and all staff are registered with Social Care Wales or working towards this. We looked at five staff files, recruitment documentation is in place along with supervision records.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 18 | Provider assessments should be of fully completed with sufficient quality and detail and signed. | Achieved |
| 21 | People identified as being at risk of pressure sores should have records (Skin Bundles) of formal monitoring of Skin Integrity consistently completed. | Achieved |
| 58 | The Medication policy and audits need to be reviewed and developed to be more robust to ensure safety of people. | Achieved |
| 36 | Supporting and developing staff with staff supervision and appraisal needs to be completed at the frequency and in the amount required by the regulations. Appraisal should be annual and supervision quarterly. | Achieved |

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