



Inspection Report on

Rozelle Nursing Home

**Rozelle Nursing Home
93 Brecon Road
Abergavenny
NP7 7RE**

Date Inspection Completed

26/10/2023

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About Rozelle Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	SKM MEDICAL LIMITED
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	18 August 2021.
Does this service promote Welsh language and culture?	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

People appear comfortable and settled in their surroundings. They told us they have choice; staff are respectful, and they are happy living at Rozelle. The information available for staff to meet people's needs is accurate and updated as required. Improvement is required in the oversight of care records to ensure people receive the right care when they need it. Staffing levels are sufficient in order to meet people's needs, but further guidance and coaching is required to ensure staff are consistently promoting people's health and well-being. The mechanisms in place to ensure staff receive one to one supervision with their line manager requires attention. Governance, auditing, and quality assurance arrangements are in place. The home is clean and welcoming. Infection prevention and hygiene practices, including the laundry facilities are much improved. Further developments have been made to the environment promoting people's safety and overall well-being. However, the bathing facilities in the upstairs of the home are inadequate. The provider is taking action to resolve this.

Well-being

People are happy and their individual circumstances are mostly considered. There are opportunities for people to engage in activities. We received positive comments from people on service delivery and how staff are considerate. One person told us, *'My relative visits whenever they want,'* and *'staff say to me what would you like?'* Regular meetings are held with people and records show they are listened to. However, care documentation does not reflect people are involved in their three monthly reviews of care. Staff deliver care attentively, although there were occasions where we observed staff do not always anticipate what people need. The dining experience is not consistently uplifting for everyone.

Measures are in place to safeguard people from harm. People are supported by staff in sufficient numbers, although staff deployment requires further monitoring to ensure care is consistently delivered in a timely manner. We note the provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Staff we spoke with have a good understanding of how to report matters of a safeguarding nature. Medication management systems are in place, although some staff practice requires further oversight. The Responsible Individual (RI) maintains operational oversight of the service. The statement of purpose (SOP) is fundamental to the service and must accurately describe the service provided. This document requires updating to include further detail.

People are supported to maintain their physical and mental health. An electronic care planning system has been recently introduced to enhance care recordings and to capture care intervention in a timely manner. The service consults with external health professionals to refer any concerns and follows appropriate guidance. People are supported to attend routine health appointments. We saw evidence of communication with professionals when needs have changed. Personal plans are detailed and updated when needed. The use of anti-psychotic medication is reviewed on a regular basis by the prescriber and the service has established good links with the community team.

The living accommodation promotes people's well-being. Personal Protective Equipment (PPE) is worn by staff in line with infection protection and control guidance. Staff knowledge and application of infection control policies has improved. The home is clean and comfortable with re-decoration in some communal areas. People are able to make choices and their individuality is reflected in their bedrooms and choice of décor around the home. The service provider continues to invest in the environment with improvements to the heating systems and new windows throughout. Health and safety checks are maintained. Further work is required to ensure bathroom and shower facilities are accessible to everyone.

Care and Support

People do not always receive care and support in keeping with their personal plan. We observed the engagement between care staff and people during mealtimes. We saw one member of staff supporting people in a kind and caring manner; however, there were instances where staff are not always attentive and sensitive of people's needs. We saw personal plans in place for one person indicating fluid intake requires close monitoring, but records show a lack of detail and oversight. Personal plans are reviewed on a regular basis including when there is an incident or change in need. However, records do not show people are involved in the review. This is an area for improvement, and we expect the provider to take action.

Arrangements are in place for people to participate in activities to maintain their interests. We saw the activity co-ordinator engaging with one person on a one-to-one basis playing dominoes. Communal areas are adorned with seasonal decorations to celebrate the time of year and lift people's spirits. One person told us, "*The activity co-ordinator is brilliant.*" We reviewed records and photographs of activity engagement. Themed events are also organised giving people the opportunity to experience other cultures. Notes and photos show one person enjoying the '*India experience.*' Records show visiting arrangements are in place to enhance people's sense of belonging.

People have access to appropriate advice and support when required to support their health and well-being. Staff were observed using specialist equipment to move a person in a caring and considerate manner. They gave step by step instructions explaining what they were doing, whilst reassuring the person throughout the manoeuvre. Picture menus are on display in the dining area helping to stimulate people's desire to eat. Records reflect referrals to external professionals are made and staff liaise with the relevant health and social care professional on behalf of the person. One person had an infection and has been reviewed by the GP. We saw people have regular access to chiropody and visits from an optician.

Systems for safe medicines management require further oversight. We examined a small sample of medication administration records (MAR) and found they are mostly completed accurately. However, we did note some discrepancies in the mechanisms in place. We found the room where medication is stored is safe and secure and the temperature is monitored. PRN (as required) medication was not in stock for one person as prescribed. We found prescribed liquids do not always show the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. There is a process in place for the administration and recording of controlled drugs, but we found gaps in records. This is an area for improvement, and we expect the provider to take action.

Environment

People benefit from a clean and well-maintained place to live. Improvements have been made in the environment enhancing people's overall well-being. Some areas of the service have been re-decorated; minutes of resident meetings show people have been consulted with for their choice of colours. Bedrooms are mostly personalised and contain items such as family photographs and furnishing. Bedroom doors have been painted to reflect people's favourite colour including a display of pictures of things of importance to them. This helps some people with orientation and to assist them in locating their bedrooms. We were told there are plans to develop a communal space in the home into a café/bar area for people to relax and enjoy in order to further enhance people's emotional well-being. We saw notice boards have been developed around the home promoting the use of the Welsh language.

Domestic staff were observed to be busy cleaning areas within the home. We found where people share a bedroom there is a partition available to provide privacy to the individuals if needed. People have access to an attractive well-kept garden area. Seating is in place including a gazebo to enhance outdoor spaces. The bathing/shower facilities located upstairs in the home are being refurbished but works are not complete. Therefore, people do not have easy access to bathing facilities near to their bedrooms. This was an area for improvement at our last inspection. The provider has given assurance this works will be completed in the next few weeks.

Health and safety mechanisms in place promote people's safety. The entrance to the home was secure on our arrival, and we were asked to sign-in to the visitors' book to record the reason for our attendance. PPE and hand sanitiser is available throughout the home, and we saw it was used effectively by all staff. Laundry areas have been refurbished and developed to ensure areas can be easily cleaned and kept separate, minimising the risk of contamination. The laundry room is clean, tidy, and well managed. Infection prevention and control measures in place are effective protecting and promoting people's health. Safety certificates and risk assessments in the environment are undertaken and acted on. The home has been awarded a four star food hygiene rating by the Food Standards Agency in February 2023; this indicates food hygiene standards in the kitchen are 'good.'

Leadership and Management

The provider has arrangements in place for the effective oversight of the service. The RI continues to have a presence at the home and completes three monthly visit reports and a quality of care review. Reports reflect opinions on service delivery are captured and performance is scrutinised by the RI. We saw examples of regular meetings with people living at the home and staff working at the service. The manager told us they feel well supported in their role. We saw evidence of regular audits of service delivery. We reviewed complaint management and found this to be completed well and in a timely manner. Systems are in place to monitor staffing levels. We reviewed staffing rotas and found safe staffing levels as prescribed by the management team are consistently maintained. CIW receive regulatory notification from the service provider of events as required.

Information available outlining the services offered does not include sufficient detail. We saw policies and procedures have been updated and are in place to support practice. This includes a safeguarding policy. Staff we spoke with have a good understanding of the safeguarding policy, including when and how to report matters of a safeguarding nature. The SOP does not accurately describe the service provision and does not meet regulatory requirements. Further, the SOP does not demonstrate how the provider considers people's language and communication needs, including provision of the Welsh 'Active Offer.' We received assurance from the provider this would be acted on. This is an area for improvement, and we expect the provider to take action.

People employed at the service receive the relevant training; however, supervision practices require strengthening. Training statistics indicate staff receive refresher training in key areas. We observed staff reassuring people when they are supporting mobilisation and note they apply their training and skills well. We were told around half of staff are registered with Social Care Wales, with others currently working towards their qualifications. Personnel files contain induction records. Staff told us they feel supported and regular meetings take place sharing relevant information. However, regular formal supervision and annual appraisals are not completed consistently. This is an area for improvement, and we expect the provider to take action.

Recruitment processes are in place to support safe working practices, but some improvements are required. We viewed three staff personnel records. We note contracts of employment are present on file, references from previous employers and DBS checks are complete. We did note full employment histories are not always recorded and the relevant identification is not always kept. Furthermore, there is no records on file to evidence the linguistic abilities of staff in the role. This is an area for improvement, and we expect the provider to take action.

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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16	The service provider must involve the individual and any representative when reviewing the personal plan at least on a three monthly basis.	New
21	The service provider must ensure care and support is provided to each individual in accordance with the individual's personal plan.	New
7	The service provider must ensure the statement of purpose is kept under review and includes all the required information set out in regulation.	New
36	Ensure all persons working at the service receive three monthly supervisions and an annual appraisal.	New
58	The service provider had not ensured arrangements are in place so that medicines are stored and administered safely.	Not Achieved
35	The service provider had not ensured the fitness of persons employed at the service including having full and satisfactory information and documentation available at the service for all staff.	Not Achieved
44	Ensure bathrooms and shower rooms are located so as to enable all persons to access them easily and safely.	Not Achieved
56	The service provider had not ensured arrangements are in place so that satisfactory standards of hygiene are maintained in the delivery of the service.	Achieved
34	The service provider had not ensured that at all times a sufficient number of staff are deployed to work at the service and had not demonstrated the way in which the determination has been made for the reliable provision of care and support to meet individuals' needs.	Achieved
60	Ensure the service regulator is notified of the events specified in Parts 1 and 2 of Schedule 3.	Achieved
16	Ensure the personal plan is revised as necessary.	Achieved

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