



Inspection Report on

Castle Graig Nursing Home

**Castle Graig Nursing Home
93 Salem Road Morryston
Swansea
SA6 8NN**

Date Inspection Completed

13/03/2023

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About Castle Graig Nursing Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Navagrace Ltd |
| Registered places | 37 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 09/06/2021 |
| 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

Castle Graig is a good service supporting older people with nursing and residential needs. The service is large, comfortable and we received very positive feedback from people about the care and support provided. Refurbishment has taken place and there are future plans for more work to be complete.

The manager is making an effort to bring the Welsh culture into the home using photographs and maps. The service has a good staff team with good knowledge of the people they support. There are appropriate numbers of staff with the skills and experience to support the wellbeing of people.

People are encouraged to be as independent as they can be with the support of staff who know them well. There is a good activities program in place to support the wellbeing of people.

There is good governance in place by the Responsible individual (RI) ensuring a good quality service. We saw procedures in place for the safe recruitment of staff. Staff training is in line with regulations and additional support and training is carried out in the daily handover. There are good system in place to safeguard people using the service.

Well-being

People are treated with dignity and respect. People are supported by staff who know them well and look happy and well kempt in an environment that meets their needs. People are encouraged to make everyday choices and maintain their independence as much as they are able. We saw sensitive and kind interactions with people by staff.

Peoples physical and emotional wellbeing is supported well. People receive good quality support which is person centred and meets their needs. We saw people supported to engage in activities. We saw people supported by adequate risk assessments and personal plans. People and families are supported to be involved in the planning and review process.

People are supported to access healthcare and services to maintain their health and wellbeing. We saw daily records showing a good history of timely referrals to the General Practitioner (GP) and other heath related professionals.

People get the right care and support. Records reflect referrals are made to a variety of professionals. This was confirmed by a visiting health professional; *“Very good home”*. *“Food is always delicious, care staff are very attentive, courteous when I ring and come to the home, very professional in their manner”*.

People are safe and protected from abuse and neglect. The service provider has relevant safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a good understanding of their role and responsibilities, understanding the importance of reporting safeguarding and whistleblowing. Safeguarding training is provided and enhanced recruitment checks are carried out.

People live in suitable accommodation that supports and encourages their wellbeing. People can enjoy a number of communal areas which supports social interaction. People’s rooms are clean and well presented with personal items. There is a program of general redecoration and refurbishment in place for the long-term upkeep of the property.

Care and Support

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. Policies and procedures are in place for the initial assessment of people, which show staff the needs and outcomes of people. The provider has a Statement of Purpose (SoP); a document which shows people what they can expect from the service and a description of the admissions process. The SoP is clearly written and reviewed regularly by the manager and RI. The guide to services gives people the information they need to make a complaint, fees and terms and condition, to support their choice in accepting the service.

The provider has adequate personal plans in place reflecting the needs of people which are reviewed regularly. Relatives told us; *"I am involved in the reviews of my relatives' care; we sit with the nurse and go through the care plans and how they will be supporting them"*. People are supported well, with personal plans and risk assessments reflecting people's needs. We saw the standard of care and support is good and is confirmed by the responses from relatives and professionals. Professionals told us; *"They know us, and we know them as professionals"*. *"I find that they don't know I'm here and they still speak to people respectfully"*. *"Even the maintenance staff have a good rapport"*. Relatives told us; *The staff do not seem rushed they are quite friendly and chatty"*.

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistle blowing concerns. Staff told us; *"Assess the situation and report, make sure the person is protected"*. And *"I would not have an issue whistleblowing"*.

The systems for medication management are good and regular audits are carried out. Medication administration records are accurately completed. We saw medication is stored securely in locked cabinets, and recording of daily temperature checks were seen to ensure safe storage of medication. Training for staff with responsibility for administration of medication was in place, this was confirmed by the training plan and by staff.

Whenever possible, people are supported to have control over their day-to-day life choices and are listened to. We saw people making choices about activities they wished to participate in, and the service has a good activities program.

Environment

The overall environment is good and supports people to achieve their personal outcomes. General renovations, new flooring and decoration are being undertaken, there is a robust plan and budget to support this. The service is comfortable, clean and well maintained. There is sufficient space for individuals to spend time alone or socialise with others in the communal area. The provider has given additional space to families to hold celebrator events. Relatives told us this space means a great deal to them and they can include their relative in a family event in a private area within the service. This opportunity promotes the wellbeing of people and the social inclusion within the family. People appear happy and are encouraged to personalise their rooms with photos, flowers and soft furnishings. Staff told us; *“I would score this home an 8 it is a clean and tidy home, it's not perfect but its good.”*

The provider has systems in place to mitigate risks to the health and safety of people. The home was secure on arrival and our identity checked; we were asked to sign the visitors book in line with fire safety. We saw risk assessments around water temperatures and legionella are in place. We saw written records confirming the testing of electrical equipment, appliances and fire safety are completed. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation plans (PEEP's) for people. Evacuation procedures are specific to the individuals to ensure their wellbeing. Procedures are in place to ensure confidential and sensitive information relating to people is stored securely.

Leadership and Management

The provider has systems in place for the smooth running of the service. The RI regularly visits the service, speaks to people, relatives, and staff to inform the quality assurance document. Staff told us; *“It’s a good home what has impressed me is the effort management team make to improve the quality care”*. *The RM and the RI work together as a team*”. Documentation seen shows the good management of staff and the expectation of good practice. We observed very good staff handover processes, including short training sessions, encouraging good practice to support good quality care. Staff spoken to state the manager and RI are committed to making improvements.

The service is well managed and has systems in place to monitor and review the quality of care and support being provided. The RI takes an active role in the service which is evident in the three-monthly reports they produce following their visit. The report shows the manager has guidance on their role and actions to be addressed 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 the staff and daily schedule.

People are supported by a service that meets their needs. There are suitably skilled and qualified staff who have the knowledge, training, and experience to support people to meet their needs and individual outcomes. Staff told us; *“Training I have completed manual handling, safeguarding, food hygiene, and I am registered with Social Care Wales.”* Social Care Wales regulate social care staff in Wales.

We looked at four staff personnel files and saw that recruitment documentation is in place. Supervision and appraisal records show staff are supported, on a regular basis and their wellbeing considered. Staff told us; *“They are brilliant that’s why I have been here so long”*.

Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy and procedures in place. All staff complete safeguarding training as part of their induction and follow up training is arranged. Staff feel they have the skills and knowledge to report issues. Staff told us; *“Protecting vulnerable adults and making sure no harm come to them.”* And *“I would report it no matter what, I wouldn’t like it if it was my grandparent.”*

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 |
| 36 | Staff specialist and core training matrix needs updating to reflect current needs of the staff supporting people living at the nursing home. | Achieved |

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