



# Inspection Report on

**College Fields Nursing Home**

**College Fields Nursing Home  
College Fields Close  
Barry  
CF62 8LE**

## **Date Inspection Completed**

02/09/2024

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## About College Fields Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Middlepatch Limited
Registered places	68
Language of the service	English
Previous Care Inspectorate Wales inspection	24/03/2023 <a href="#">Click or tap here to enter text.</a>
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

College Fields Nursing Home can accommodate 68 residents with nursing and personal care needs. This inspection was unannounced. There is a nominated manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. Jacob George is the responsible individual (RI) for the service.

The manager and RI are visible in the day-to-day running of the service. Systems are mostly in place to ensure the quality of care and support provided but we identified areas where improvements are required. Care documentation reflecting the care and health needs of people living at the home needs improvements. Staff receive general mandatory training with additional training due to be carried out in specific areas.

People live in an environment which is suitable, although we identified areas throughout the home which require attention. The home is currently undergoing a schedule of planned refurbishments. The home environment is secure. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

## Well-being

People are safe and mostly receive appropriate care and support and staff demonstrate a friendly approach. During our visit, we saw staff interacting positively and people told us staff are kind and respectful, although we observed occasions, they had to wait for assistance as no staff were visible. Care documentation to support the delivery of care and support has changed to an electronic system which requires strengthening to capture any identified risks and any changes in people's health/presentation. People are encouraged to have visitors to the home and people we spoke with told us, "*Staff are kind.*" "*I am happy here but find the days very long.*"

Measures are mostly in place to promote good standards of practice throughout the home. The home carries out audits to help monitor standards and practice which require improvement. Management shows some oversight of incidents, accidents, complaints and safeguarding matters. The environment requires improvements to support people to achieve positive well-being. Although people benefit from sufficient personal and communal space, we observed people remaining in their own bedrooms for long periods of time. Management carry out audits and safety checks on the home environment, however we identified areas where improvements are required to ensure the home is safe and well maintained. A schedule of refurbishment and redecoration has commenced, and a new lift has recently been installed.

Governance arrangements are mostly in place to promote the smooth operation of the home. Although a nominated manager is in place, the statement of purpose requires updating to reflect the current management structure. Internal systems and processes are in place to oversee the development needs of the staff, to ensure they maintain the skills and knowledge to deliver safe care. Internal auditing and quality control practices, which include seeking feedback from people associated with the service are in place but need strengthening. All feedback we received was generally good but highlighted areas where improvements are required. People have access to advocacy if needed and measures are mostly in place to safeguard people.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. The home has achieved a 5-star (very good) food hygiene rating.

## Care and Support

People are supported to access services to maintain their ongoing health and well-being. Documentation viewed demonstrates people are supported to access healthcare facilities including opticians, dentists, podiatrist and general practitioners. Personal plans include some details of people's preferences. However, we identified where documentation could be improved. This includes ensuring all information is reviewed and updated when transferred to the new electronic system, which requires strengthening to capture identified risks. We saw several plans did not contain accurate up-to-date information for how people's care is to be provided, which we highlighted to the management team. This is an area for improvement, and we expect the provider to act. Information within people's files evidence referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Applications were made, and records in place, in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support.

Systems are mostly in place to protect people who use the service. We saw care staff show knowledge of some people's wishes, needs and how to respond to them. However, we identified where improvements can be made regarding the deployment of staff around the home to ensure people are assisted in a timely manner. We observed care staff interacting with residents in a friendly and respectful manner, however, we observed several occasions where people were calling out for assistance, but care staff did not always respond promptly which resulted in people becoming agitated. We saw people's body language and expressions indicate they feel safe and secure around the care staff who support them. Although we observed some people sitting in communal areas carrying out activities, we also saw people who remained in their rooms who told us, *"I find the days very long, there is not a lot to do here"*. "One person told us, *"I do not move out of my room all day"*. We discussed this issue with the manager who told us the matter would be addressed to ensure one-to-one activities are encouraged and available for people who preferred to remain in their own rooms. This is an area for improvement, and we expect the provider to take action.

The service has systems in place for medicines management. People receive their medication as prescribed by staff who are trained in how to administer medication safely. The service promotes hygienic practices and manages risk of infection, and we saw staff wearing personal protective equipment when required.



## Environment

People are mostly supported to live in a safe environment. The entrance to the home is secure and visitors must ring to gain entry. The service ensures that there is oversight and upkeep of supplies and equipment, such as gas, electricity and lift services with the new service lift recently installed.

People can be mostly confident that there are effective arrangements at the home that will protect public safety and minimise cross infection although we found some improvements are required including removal of personal items inappropriately stored in communal bathrooms, several bed rail protectors which require replacing and several hazards identified throughout the home. We discussed this with the management team who told us a schedule of works is currently underway which includes painting of corridors and general refurbishments throughout the home and renovations to bathrooms/bedrooms commenced. This is an area for improvement, and we expect the provider to take action. The RI agreed with the finding's and told us the matters would be dealt with immediately.

The home has its own dining and lounge area, however at this time we observed most people's meals are provided in individuals rooms with assistance from staff when required. The home has been awarded a rating of five (very good) by the Food Standards Agency. From our walk-around we noted window openings that may pose a risk to residents are secure apart from one window on the second floor where we noted a restrictor had been removed. We highlighted this with the manager who contacted the maintenance staff to make safe immediately.

We considered some records relating to health and safety, which evidenced the provider maintained some oversight to ensure the environment was safe. However, we saw evidence from documentation that the areas for improvements noted during our visit have not been identified by the management team and logged appropriately. All confidential files including care and staff files were stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid. At this time there are a schedule of works due for completion and identified by the South Wales Fire Authority.

The provider told us the scheduled works required throughout the home would be carried out over several months and we will follow this up at the next visit.

## Leadership and Management

People have access to information. A statement of purpose (SOP) is available which reflects the service's vision although the provider must review the statement of purpose to reflect the current management arrangements at the service.

Management oversees staff training and supervision needs. Care staff benefit from learning and development opportunities provided and we saw evidence care staff have carried out mandatory training courses as well as any additional training required. Staff are supported to register with professional bodies such as Social Care Wales the workforce regulator and the Nursing and Midwifery Council. The management team work with external agencies and notify the Regulator of any incidents in a timely manner. Although we identified one safeguarding issue had not been reported immediately as required, to ensure the service is acting in people's best interests, the manager told us this matter was addressed immediately.

People can be assured that staff are safely recruited. We looked at a sample of staff recruitment files and saw they contained all the pre-employment checks in respect of any person working in regulated services. Staff receive formal one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development and/or any concerns they may have.

We spoke with care staff during our visit who told us, "*Management are supportive*", "*I enjoy my job, I have worked here for many years*". Daily handovers ensure pertinent information is shared between staff at shift handover. Staff meetings take place on a regular basis for management and care staff. The nominated manager is visible and described by staff as, "*Supportive*" and "*approachable*". Staff we spoke with told us they enjoy working at the home and feel valued.

The RI spends time at the home and engages with staff, relatives, and residents seeking feedback. We requested information relating to monitoring and we saw the recent quality monitoring report dated 21 August 2024. This information demonstrated the RI undertakes formal monitoring as legally required. However, we saw from the report that some areas we highlighted as requiring improvement throughout our visit had not been noted by the RI. This is an area for improvement, and we expect the provider to take action. The RI assured us that they are taking immediate action to address these areas.



### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

Regulation	Summary	Status
57	This is because the governance and oversight of the health and safety of the home compromised	New

	people's safety. The provider has failed to ensure that the premises is safe in accordance with current health and safety and fire legislation. Failures can place people living in and working at the home at risk of harm.	
21	This is because the provider has not ensured that care and support is provided in a way that protects, promotes and maintains the emotional well-being needs of people living at the service.	New

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