



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Arthur Jenkins Residential Home

Coed Cae Road
Blaenavon
NP4 9PP

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Description of the service

Arthur Jenkins Residential Home is located in a residential area on the outskirts of Blaenavon, Torfaen. It is registered to provide support and accommodation to 16 people (aged 60 and over) requiring personal care and 13 people (aged 60 and over) with dementia and requiring personal care.

The registered manager is Jane Saunders. The home is operated by Hafod Care Association Limited and there is a nominated responsible individual to represent the company.

Summary of our findings

1. Overall assessment

Residents benefit from positive relationships with staff and are supported appropriately to have choice and control over their lives.

On the whole, staff were aware of residents' care needs; however further work is required to ensure that further detail is recorded in care documentation, particularly with regard to residents expressing challenging behaviour.

The home's registered manager has a visible presence in the home and is well regarded by staff and residents alike. Although there are some auditing processes in place, further work is required to strengthen and develop these to ensure the registered manager has a clear line of oversight into the delivery of care at the home.

2. Improvements

- Change in residents' needs are documented in care records.
- Care plans are more personalised.
- Recruitment practices have been strengthened and are now robust.
- Staff training matrix reflects current training needs of staff.
- Dependency tools have been reviewed.
- Sensors (these alert staff when a resident gets out of bed or their chair) are checked in line with care documentation.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

- Care plans: ensure updates are reflected in any other corresponding documentation.
- Quality assurance: ensure issues highlighted within quality assurance reports are actioned.
- Auditing: ensure the home's auditing process is robust.

1. Well-being

Summary

Residents benefit from positive relationships with staff who are respectful in their delivery of care and support. Residents are supported to exercise choice and control over their lives and activities are undertaken both in the home and in the community.

Our findings

Residents are treated with dignity and respect. We observed warm, reassuring interactions between staff and residents and residents appeared content and relaxed. We received four completed residents' questionnaires with positive responses regarding dignity and respect. We further examined the home's satisfaction survey (2016) and saw that of the 23 residents that had participated, 100% felt their privacy and dignity was respected. This demonstrates that residents are cared for and supported in a dignified and respectful manner.

We found that residents are generally encouraged to speak up to make their wishes known and have choice in the care and support they receive. We examined the home's residents and relatives meeting minutes and saw they were generally well attended. Residents were given the opportunity to express their views on activities in the home, for example, choosing where to go to on a trip, social events, themed days and food options. We noted that care and support was not a regular topic for discussion at these meetings. We spoke with the home's cook, who informed us that they met with residents to discuss the menu and food choices. Examination of two residents' questionnaires evidenced that they always had choice with regard to meals, when to get up and go to bed, when to have a bath or shower and what clothes to wear each day. We also considered comments from the residents' satisfaction survey (2016) whereby a relative commented that the *'service, care and food are top quality'*. All 23 residents that took part in the survey agreed that there was plenty of food choice. We judge that, on the whole, residents have choice in their day to day care and support; however consideration needs to be made in including care and support discussions within residents and relatives meetings.

Residents are mainly positively occupied. The home is currently recruiting for an activities co-ordinator. We spoke with the registered manager about activity provision, who informed us that staff engage with residents for activities. We observed staff carrying out a memory activity with some residents, who responded positively. Staff told us that they have enough time to do activities along with their day to day care and support tasks. The registered manager informed us that she organises a singer to visit the home every week and this occurred on the day of inspection. Other activities arranged include fortnightly memory sessions, exercise to music and Zumba chair exercises. A seaside trip was planned for the week after our inspection, along with a charity night. The registered manager also told us that the home engaged with a local school, which, where possible, visits the home to do a performance, and also residents are invited to the school to see performances there. The home is also involved in setting up a project with the school, whereby small groups of children will visit the home to read to residents. The home is also planning to run dementia friend session at the school, to promote awareness of dementia with staff and pupils. We considered the last two residents' and relatives' meeting minutes and saw that activities were discussed in detail, with residents having the opportunity to feedback on activities and make suggestions. We conclude that residents are engaged in activities and that the home engages with the local community.

2. Care and Support

Summary

Staff understand the needs of residents and, on the whole, care documentation provides clear guidance for the care and support of residents. Further work is required to ensure that fluid intake and weights of residents are recorded and audited in a meaningful manner. The home works in partnership with healthcare professionals and timely referrals are made.

Our findings

Residents are cared for by staff who are familiar to them and who treat them with kindness and compassion. We observed warm interactions between staff and residents, with appropriate use of touch for reassurance. Consideration of the home's satisfaction survey, along with service user questionnaires, highlighted that residents were satisfied with the care and support they received from staff, with one stating "*nothing is too much trouble*". This demonstrates that residents are treated well by staff who they know.

Residents are supported by staff who have a good understanding of their needs; however care documentation, although current, also includes outdated information. We examined the care records of a resident at risk of falls with sensor mats in their room. We saw that the care plan directed staff to check the sensor mats were working and it also advised where the sensor mat check forms were located. We examined this resident's care plan further and saw that it was reflective of their current needs and had been reviewed accordingly. Appropriate risk assessments were also in place. We noted that outdated information remained on the care plan and we discussed this with the registered manager. They assured us that information that was no longer applicable would be removed from the care plan, to ensure all information contained within it was current. We saw evidence of engagement with external healthcare professionals, including district nurses and General Practitioners (GPs) and appropriate referrals to physiotherapy and Social Services were made.

Furthermore, we examined the care records of a resident who had been identified at risk of weight loss and saw that direction to '*weigh ASAP*' had not been actioned by staff. We examined staff handover records and saw no evidence this has been communicated with staff. We requested that this resident was weighed on the day of inspection and saw that the resident had put on weight. The registered manager assured us that this resident's care plan would be reviewed and updated and a discussion held with staff over the sharing of key information.

In addition, we examined fluid intake records for one resident. We saw that no daily target was recorded and daily fluids were not added up at the end of each day and were not audited. We discussed this with the registered manager who showed us a form that was to be introduced the following day. This form detailed daily target and daily totals. The registered manager assured us that once this has been introduced, auditing will commence. We had a discussion with the registered manager about supporting residents identified as being at risk of malnutrition and measures put in place to monitor this. The registered manager advised that the dementia unit within the home had adopted a new approach to residents at risk of malnutrition, whereby staff were mindful over the quantity of food that was served to residents at any one time. In addition, staff chose cutlery appropriate to the needs and understanding of each resident. This evidences that residents' needs are

generally understood and anticipated; however work is required to strengthen arrangements for recording and auditing fluid intake records of residents at risk of dehydration.

On the whole, changes in care needs, including mobility and equipment, are documented; however systems are not fully in place for documenting the communication of this information to staff in a timely manner. We examined the care records of one resident at risk of developing pressure areas to the skin. We saw notes from a district nurse advising to support the resident to stand hourly for pressure relief. This was reflected in their care plan; however this information had not been transferred to the recording chart, which stated 2 hourly pressure relief. We examined staff handover records for this date and did not see evidence of this being formally recorded as discussed with staff. We examined pressure relief records for this resident and saw that pressure relief was not being given hourly on a consistent basis. However, on examination of records thereafter, it was evident that pressure relief was being given in a timelier manner in line with the advice from the district nurse. We saw that a change in mobility aid had been appropriately recorded within care documentation. We discussed this with the registered manager who advised that this would be addressed as a priority. We conclude that changes in care needs of residents are not always communicated in a timely manner to staff

Distressed reactions of residents are documented; however direction for staff on how to manage and support residents with challenging behaviour could be improved. We examined care records of one resident with challenging behaviour. We saw that the home had risk assessments in place for the management of this resident's behaviour, along with a behaviour chart which staff used to record daily recordings of aggressive behaviour, actions taken and triggers to behaviour. We saw that appropriate referrals had been made to the mental health team, along with support from a district nurse, occupational therapist, physiotherapist and social worker. We examined the care plan and saw that it lacked in direction to staff on how to support this resident with their behavioural needs, including triggers. We discussed this with the registered manager who advised that staff had a good understanding of this resident's needs and how to respond. They acknowledged, however, that this was not documented in the care plan and stated that this would be updated to ensure that the care plan was fully reflective of this resident's needs. Staff we spoke with felt confident in their ability to support residents presenting with challenging behaviour. We examined the home's training matrix and saw that some staff had undertaken appropriate training to manage behaviours that presented as challenging. This evidences that the home engages with healthcare professionals when supporting resident's with challenging behaviours; however further work is required to strengthen care documentation and communication to staff.

3. Leadership and Management

Summary

The home's registered manager is well respected and has a visible presence within the home. Although there are some auditing processes in place, further work is required to further develop these to ensure the registered manager is able to have clear oversight into care provision and the running of the home.

Our findings

The registered manager has clear oversight over falls and carries out regular audits of falls within the home, to identify patterns and make the necessary referrals to safeguard residents. However, the registered manager does not have any auditing systems in place for fluids and weights. A new form was due to be introduced to total daily fluids. This will then enable the manager to carry out audits of fluids. We recommend that systems are established for the auditing of weights. We considered auditing of falls and saw that the registered manager had clear oversight into falls management within the home. We saw evidence of a falls audit and of timely and appropriate action taken when concerns or patterns were identified. Therefore, residents cannot be fully assured that auditing systems are fully robust.

The home follows appropriate recruitment processes. We examined three staff personnel files and saw that these contained required documentation, including two references, full employment history (including gaps), identification and Disclosure and Barring Service (DBS) checks. We saw that staff were supervised every two months, in line with national minimum standards. Staff we spoke with were positive about their experience of supervision. This evidences that staff are recruited in a safe manner and supervised in line with requirements.

Staff are valued by means of formal training. We examined the home's training matrix (this details the most recent dates of training completed by all staff). We saw that 39 out of 40 staff had undertaken safeguarding level two training and dementia training. All staff had completed practical manual handling and the majority of staff were up to date on training such as fire safety awareness, first aid, dementia friends and fire warden. We saw evidence of additional training having been completed and staff we spoke with told us they felt well trained and supported to meet any training needs identified. This shows that staff are appropriately trained to carry out their role.

The home has sufficient staff on duty to meet the needs of residents. We discussed staffing levels with the registered manager who advised that a new dependency tool had been created which had made it easier to ensure appropriate numbers of staff were deployed. We carried out a tour of the home and saw that there were sufficient staff on duty to meet residents' needs. Staff we spoke with told us that they had time to complete care tasks. This evidences that the home is adequately staffed.

We were not provided with the home's latest quality assurance report and therefore are not able to comment on identified actions having been undertaken. We will consider this at the next inspection.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

At a previous inspection we issued a non compliance notice to the registered provider because they did not meet their legal requirements in relation to:

- Care plans (Regulation 15(2)(c)). We advised the registered provider that improvements were needed to ensure that care plans reflected a resident's current needs or a change in residents' needs. The home is now compliant with this regulation.

4.2 Areas of non compliance identified at this inspection

We did not identify any areas of non compliance during this inspection.

4.3 Recommendations for improvement

We recommend the following:

- The home ensures updates to care documentation are also reflected in any other corresponding documentation.
- The home ensures issues highlighted within quality assurance reports are actioned.
- The home ensures auditing process are robust.
- The handover process communicates key changes or requirements to the needs of residents.

5. How we undertook this inspection

This was a focused inspection to test previous non compliance at the home and was carried out in accordance with Care and Social Services Inspectorate Wales' (CSSIW) revised inspection framework. We carried out an unannounced visit on 19 July 2017 between the hours of 08:10 and 13:00.

We used the following sources of information to formulate our report:

- We spoke with residents.
- We spoke with the registered manager and staff.
- We examined care documentation for three residents.
- We examined three staff personnel files.
- We examined the home's staff training matrix.
- We considered responses from three completed residents' questionnaires and one staff questionnaire.
- We considered information held by CSSIW.
- We carried out a visual inspection of the home.
- We examined the home's satisfaction survey 2016.
- We examined minutes for two resident and relatives meetings.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Hafod Care Association Ltd
Registered Manager	Ada (Jane) Saunders
Registered maximum number of places	28
Date of previous CSSIW inspection	9 December 2016
Dates of this Inspection visit(s)	19 July 2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language.
Additional Information:	