



Inspection Report on

Comfort Care Homes (Danygraig) Ltd

**Danygraig Nursing Home
Quantock Drive
Newport
NP19 9DF**

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Description of the service

Danygraig Nursing Home is situated in a residential area of Newport. Comfort Care Homes (Danygraig) Limited is registered with Care Inspectorate Wales (CIW) to provide a care home service where a maximum of 49 individuals can be accommodated. The responsible individual for this service is Ashok Bansal. The home has a manager in place who is registered with Social Care Wales. We were advised there were 47 residents on the day of inspection.

Summary of our findings

1. Overall assessment

People are satisfied with the quality of care and support they receive. Care files are well maintained but care is not always carried out in accordance with people's assessed needs. The environment is appropriate for people's needs and safety. There is oversight of the service overall and consideration of quality assurance; however recruitment processes are not consistently robust.

2. Improvements

Improvements were noted in the provision of activities for residents, reduced risks to people due to the management of potential environmental hazards and the revision of personal plans following reviews taking place.

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Care and support: The service provider needs to ensure that people are supported appropriately to maintain their health and well-being and records reflect this.
- Recruitment: There must be full and satisfactory information available in relation to all staff employed at the home.
- Notifications: The service provider had not informed CIW of all incidents appropriately as per regulatory requirements.

Recommendations were also made in relation to accessibility of important information in people's files, supervision forms, staff inductions, fire doors, ensuring information remains secure, and arrangements of shared rooms.

1. Well-being

Summary

There is a focus upon people's wellbeing and people enjoy a good standard of care on a daily basis. People feel they are given ample choice in all areas of their life. People's nutritional needs are met and there are regular opportunities to enjoy a range of individual and group activities.

Our findings

People are positive about living at the home. We observed people in communal settings, including the lounge and dining areas, and spoke to people in their own rooms. People appeared content, comfortable and appropriately dressed. We heard call bells ring in the home and noted these were attended to promptly by care staff. During our observations we saw people were treated with kindness and sensitivity. People told us they, "*Liked staying here*" and told us, "*Nothing is too much trouble...they (staff) always have time for me*". People told us had choice around their daily routines. We consider people enjoy a good standard of care.

There is a strong focus on managing people's nutritional needs, We spoke with kitchen staff who showed us menu plans which gave people several alternatives, including hot or cold food at lunchtime. We saw there had been changes to menus and staff told us this was in direct response to discussions with residents about their preferences. We saw there was also consideration of the needs of people requiring specialised or fortified diets. The kitchen staff told us, "*It is really important people enjoy what they eat*". We saw a number of people remained in bed and we saw food being taken to people's rooms and staff supporting people to eat. We noticed there was a quiet atmosphere in the dining room at lunchtime but we saw carers interacted with people and offered encouragement and support when required. We also spoke to people living at the home who told us, "*The food is very good- there are snacks and drinks available*". We saw that weights were generally monitored and were stable, although we did identify one person who had lost weight over a short period which had not been recorded in the personal plan on a fortnightly basis. We conclude people's nutritional wellbeing is managed appropriately overall.

People have access to a range of activities. We were told there was one activities co-ordinator in post but the home had experienced difficulties recruiting a second co-ordinator. We noted this was also the situation at the last inspection. We spoke with the activities co-ordinator who showed us a planned programme of events. This included individual activities as well as group pursuits. We did not see any group activities taking place when we visited but we were informed the activities co-ordinator had been giving massages in people's rooms during the morning, and board games were laid out for residents to enjoy. We saw there were advertisements for visiting performers who were scheduled to come into the home. People we spoke with told us church groups visited the home and also residents were given the opportunity to help with activities if they wished. We saw the home had a dedicated hairdressing salon and saw someone having their hair dried, supported by care staff. We concluded there are adequate opportunities for people to enjoy meaningful activities.

2. Care and Support

Summary

People living at the home enjoy support from staff who feel supported and trained to undertake their caring roles. Reviews are carried out and care plans revised accordingly; however people do not consistently receive care and support that reflects their assessed needs.

Our findings

Care staff feel supported in their work and suitably equipped to undertake tasks with confidence. We spoke with five care staff working at the home during our inspection visit. Staff were positive about their individual roles and recognised their role in the organisation and the responsibilities they had. Staff told us they were, "*Well supported*" and were confident to raise any issues if they occurred. We were told there were often instances of staffing shortage but if this was raised with management they would act promptly to make appropriate arrangements. Staff told us they had opportunities to meet together and we saw evidence of staff meetings being held. Staff told us they enjoyed working in the environment and felt there was a, "*Good team spirit*". The care staff we spoke with confirmed they had access to regular supervision and training and we saw these were monitored by a training matrix which showed that on the whole people's training was up to date.

Staff receive regular supervision. We noted on the supervision matrix that this was carried out at regular intervals. We looked at individual supervision records and saw there were typed supervision sheets in several files that were identical. We considered that while supervision was indeed taking place, supervision records needed to be individually completed to ensure supervision sessions were personal to each staff member to be of value. We felt therefore, while it is shown care staff are receiving supervision, this process could be improved.

People's care is on the whole reviewed regularly and files contain relevant information. We looked at five people's care files and saw reviews were being done every month or in response to changes and we saw plans were amended when necessary. We saw people all had a completed personal evacuation plan on their files in the event of an emergency but we noted these were in the centre of the file and not immediately accessible. We discussed with the manager these should be kept at the front of the files with other important information so it could be quickly viewed if needed. We were told this would be addressed. We concluded care files are kept up to date and reviewed promptly.

Care and support is not consistently carried out in accordance with people's personal plans or in accordance with their choice. We noted in one file it appeared the person had not received any documented continence care or pressure relief for a seven hour period. We indicated this to the manager who advised he would investigate this. We found some language in personal plans was generalised, stating care was needed "regularly" without being specific to people's actual assessed and individual needs. We found the care plans were not always person-centred and did not reflect that the wishes of the residents had been considered or respected. This included people being referred to by their formal name in their plans, when they had clearly stated at admission they wished to be known by a different name. We discussed this with the manager who advised us this would be

amended to reflect people's choices. We found there are actions required to ensure the delivery of people's care more fully reflects people's needs and wishes.

3. Environment

Summary

The environment within the home is comfortable and takes action to minimise any risk to residents. The configuration of the shared rooms currently does not promote privacy for people. Confidentiality and security of some information is considered but is not always consistently managed.

Our findings

The home is comfortable and appropriate for people's needs. We saw the home was clean, bright and smelt fresh on arrival. We saw domestic staff were working in the home throughout our visit. People's rooms were personalised to their own taste with individual memorabilia. Due to the focused nature of the inspection visit we specifically looked at issues identified at the last inspection and saw the cupboard in the small lounge containing an electricity supply was securely locked. We did not see any harmful substances left unattended, and doors to areas containing hazardous materials were locked. We conclude steps have been taken to reduce any risks to residents' health and safety and people's welfare is considered.

Consideration needs to be given to the management of shared rooms in the home. We were informed by the manager there were five shared rooms in the home. At the time of our visit one room was completely empty and one had only one occupant. We looked at the shared rooms and saw people were positioned side by side in close proximity. We felt there could be limited opportunities to promote people's dignity and privacy in this configuration. We concluded people may benefit from revisions to the current arrangement of their shared rooms.

Security and confidentiality is observed overall; however, staff need to remain vigilant to ensure this is considered at all times. It was a warm day when we visited and we noted a fire door in the lounge area had been propped open to allow fresh air to circulate. We found there were no risks to people's welfare as a member of staff was in the room at all times, but felt staff need to be reminded to ensure fire doors remain shut in accordance with health and safety legislation. We also noted the door to the side office containing people's personal files and information was kept open at all times but was not permanently staffed, meaning confidential information could have been easily accessed by unauthorised persons. We noted staff files and other documentation were locked away in the main office. We found staff need to ensure appropriate procedures are followed at all times to ensure people's wellbeing.

4. Leadership and Management

Summary

There is coherent oversight of the day to day running of the home and quality assurance is considered. The management team are keen to emphasise how much they value both residents and staff at the home. Recruitment files do not consistently contain the required information. Notifiable events are on the whole reported but there are occasions when issues are not represented in accordance with requirements,

Our findings

The management team have a close oversight of the home and any issues that arise. We spoke to the Responsible Individual (RI) and manager who told us they particularly prided themselves on being a supportive management team who valued their staff. We were told the RI maintained a regular presence at the home. The manager told us there was also an emphasis on having a good relationship with residents and relatives. We saw a relatives' meeting had been recently scheduled but had been poorly attended. However we did see evidence from both observations and minutes of team meetings that relatives readily approached management if they had any concerns and these were addressed. Residents we spoke with acknowledged the management team were supportive of their needs and responded to issues promptly, describing the manager as, "*Really helpful*". Staff we spoke with were all similarly positive about the support they received. Kitchen staff told us, "*If we need anything, we can always get it...there are never any issues*". We saw audits were undertaken on a regular basis and where actions were required, these were recorded. We found overall there is an understanding and overview of the home.

There are some ongoing issues with recruitment files. At the last inspection it was identified that some care staff did not have birth certificates on their staff files. We discussed this with the manager who told us some people, particularly staff who had come from other countries to work, did not have a birth certificate so this had not been satisfactorily addressed. We looked at seven staff files and we saw photographs of people's passports were on file where birth certificates were unavailable. We also saw photocopies of people's work permits on file. We saw one application form showed some gaps in employment which had not been fully explored. We saw some staff files showed evidence that care staff had undertaken the Social Care Induction Framework (SCIF) – however in one case we saw the whole document had been signed off on the same day. The SCIF process was designed to be a gradual process which reflects people's cumulative knowledge and understanding of working in social care. We saw references were sought for people before employment commenced, but due to the fact some people had not worked in Wales or the United Kingdom before there was a higher incidence of character references rather than references from previous employers. We therefore concluded the recruitment process is considered and managed but further improvements are required.

There is good consideration of quality assurance. We saw the quarterly reports by the RI were undertaken in a timely manner and reflective of feedback received by the service. We saw complaints files were maintained and both verbal and written complaints were on file. We noted recent team meeting minutes referred to a complaint which had not yet been

recorded on file but the minutes showed action had been taken in response to the relatives' concerns. We concluded that on the whole, quality assurance processes are adequate.

Notifications are being made to CIW; however there needs to be a better familiarisation with the criteria for reportable events. We saw online notifications were being made regularly to identify issues of incidents or illness of residents. However we identified from team meeting minutes there had been a recent allegation of misconduct by a staff member which had been dealt with by the leadership team, but had not been reported to CIW. We raised this with the manager who immediately took action and reported this. We concluded improvement was continuing in this area and all incidents arising need to be considered as potential reportable events.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection it was identified the registered persons were not compliant with the Regulation and Inspection of Social Care (Wales) Act 2016 in relation to:

- Review of personal plans (Regulation 16 (5)): Following the review of a personal plan the service provider had not revised the plan as necessary. At this inspection we looked at five care files and found reviews were undertaken regularly or when necessitated and personal plans were amended where appropriate. We therefore conclude the registered persons are compliant with this regulation.
- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals were managed effectively. At this inspection we carried out observations at the home and found appropriate measure had been taken to ensure cupboards were locked and there were no potentially hazardous substances unattended throughout the home. We therefore conclude the registered persons are compliant with this regulation.
- Care and Support (Regulation 21 (2)): The service provider had not ensured that care and support is provided to each individual in accordance with the individual's personal plan. At this inspection we looked at five care files and found there were occasions where care had not been delivered in accordance with people's assessed needs. We also found personal plans were not consistently person-centred and care documentation did not reflect people's wishes. We therefore conclude that this area of non-compliance remains outstanding.
- Fitness of staff (Regulation 35 (2) (d) Schedule 1): Full and satisfactory information or documentation was not available for all staff employed at the home. At this inspection we considered seven staff files. We saw birth certificates were not on people's files as we were told these were not always available. We also noted one file had gaps in employment history that had not been adequately explored. We therefore conclude this area of non-compliance remains outstanding.
- Notifications (Regulation 60 (1)): The service provider had not notified CIW of the events specified in Parts 1 of Schedule 3. At this inspection we saw online notifications were being made; however we identified one instance where a reportable event had not been passed to CIW. We therefore conclude improvements have been made but this area of non-compliance remains outstanding.

We did not issue any further non-compliance notice on this occasion as we did not identify any negative outcomes for residents and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect

immediate action to be taken to address these areas, which will be considered at our next inspection.

5.1 Recommendations for improvement

The following recommendations were made:

- Important information relating to emergency evacuation procedures should be stored at the front of files so these are immediately accessible if needed.
- Supervision forms should be individual and reflect the nature of discussions during supervision to ensure the process reflects people's development.
- Fire doors should remain closed at all time in accordance with health and safety requirements.
- People's personal information should be stored securely at all times.
- People living in shared rooms should be afforded every opportunity for privacy and consulted about the arrangements for living in a shared environment.
- People undertaking induction through the Social Care Induction Framework undertake this over a period of time to develop and build on their knowledge.

6. How we undertook this inspection

This was planned as a focused inspection to consider the outstanding areas of non-compliance identified in the last inspection report and to consider information in an anonymous concern received by CIW. However all four domains were considered during the inspection visit. Two inspectors visited the home on Tuesday 26 March to carry out the inspection between the hours of 9.00 a.m. and 15.30 p.m.

The following methodology was used to inform our report:

- We considered the information held by us about the service, including the last inspection report and an anonymous concern received since the last inspection.
- Discussions with three residents.
- Discussions with the responsible individual and manager.
- Observations of interactions between staff and residents. We used the Short Observational Framework for Inspection (SOFI 2) tool during dining experiences. The SOFI2 tool enables inspectors to observe and record care to help us to understand the experiences of people who are receiving a care service.
- Discussions with five members of staff.
- Discussions with three residents and one relative.
- Examination of five people's care files.
- Examination of seven staff files.
- Consideration of staff induction information, supervision records and training records.
- Consideration of food menus.
- Consideration of other documentation, including notifications, safeguarding records and incident and accident records.
- Consideration of quality assurance information.
- Consideration of team meeting minutes.
- Consideration of the home's policies and procedures.
- Consideration of resident/relative meeting minutes.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Comfort Care Homes (Danygraig) Ltd
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	49
Date of previous Care Inspectorate Wales inspection	15/11/2018
Dates of this Inspection visit(s)	26/03/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	