



Inspection Report on

St Nicholas House Care Home

**St. Nicholas House
Church Stoke
Montgomery
SY15 6AF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

08/08/2024

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About St Nicholas House Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	St Nicholas House Ltd
Registered places	49
Language of the service	Both
Previous Care Inspectorate Wales inspection	3 August 2023
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

The provider works hard to embed a culture whereby people feel well cared for by attentive care staff who are trained and well led. People can do things which are important to them, and they enjoy.

Information in personal plans has improved with the introduction of the electronic care planning system. People are involved in planning their care which is tailored to meet their personal outcomes. Care staff work well as a team to make sure they provide individuals with the right care and support. They in turn, have good support from the management team and are motivated to provide the best service they can for people. There is an ongoing programme of refurbishment in place to continue to improve the environment.

There are clear and effective arrangements in place for the oversight of the service. The Responsible Individual (RI) visits regularly. The quality of the service is reviewed taking in the views of people living and working there. The positive culture created by the management team helps to enhance the lives of people living and working at the service.

Well-being

People have choice and control over their daily lives. Care staff are respectful of the choices they make including where they spend their time, what activities they take part in and food and drink choices. They, and where appropriate their family/representative are involved in decisions about how their care and support needs are met. They have opportunities to give their views on the service they receive. The provider listens and tries to make changes based on their suggestions. Information about what people can expect from the service as well as day to day information such as menus is available bilingually.

The management and staff work hard to promote individual's physical and emotional well-being. Family and friends are welcome to be part of daily life at St Nicholas House. Care staff recognise and respect the importance of family and work hard to promote these relationships. Comments from relative/representatives include "*nothing is too much trouble for them*" and "*it's five-star care here.*" Referrals are made to health and social care professionals in a timely way and the administration of medication is managed well. Detailed information is available in care records so care staff know what support people need. Comments from people about the care staff are consistently good and include "*I feel well cared for and safe.*"

The provider has systems in place to keep people as safe as possible. This includes the recruitment process and a training programme which ensures care staff can develop their knowledge and skills to provide the right care and support tailored to individual need. Information in personal plans and risk assessments has improved helping to promote people's safety.

People live in accommodation which promotes their well-being. Measures are in place to make sure equipment and facilities are checked regularly and are safe for people to use. Improvements have been made to the garden area so people can safely access and enjoy this. There is an ongoing programme of refurbishment and redecoration.

Care and Support

People speak highly about the care and support they receive at St Nicholas House. Comments include *“it’s lovely living here”* and *“staff are very good.”* There is a full activities programme in place so people can do things they enjoy. They told us how they are involved in designing and planting the garden as well as planting vegetables in the raised beds. The service has good links with the community. The local school children visit regularly, and people are supported to attend bingo and fetes in the village. We saw care staff visible in all areas of the building to make sure they could respond quickly when needed. Mealtimes is a social occasion. People say they enjoy having meals in the dining room and said food and food choices are good. Care staff are available to give people who need it support to eat and drink.

The provider is working hard to make sure care and support is designed through involvement with people and tailored to achieve their personal outcomes. They are in the process of moving to an electronic care planning system. Records seen were person centred, detailing people’s likes and preferences including things important to them. Risk assessments are detailed and promote positive risk taking. We saw reviews are being held with individuals to make sure their personal plans continue to meet their care and support needs. Daily records seen and discussion with people show care staff work hard to make sure people’s personal outcomes are met.

People are supported to remain as healthy as possible. Referrals are made to health and social care professionals when needed. Care staff support people to attend hospital appointments. They have good knowledge of people’s care needs and how they want to be supported. Systems are in place to make sure medication is given as prescribed. Care workers have training and their competency to administer medication is regularly assessed. Medication policies are in place to guide care staff.

Processes are in place to protect people from neglect and abuse. Care staff have training and those spoken with demonstrated their awareness of the process to following if they are concerned for a person’s wellbeing. We saw care staff visible in all areas of the service and saw them checking on the safety of individuals who remain in their bedrooms. People told us they respond quickly when they ring their call bell. The provider reports any concerns about people’s safety to local safeguarding teams and makes Deprivation of Liberty Safeguarding (DoLS) referrals when there is a risk that care arrangements may deprive them of their liberty.

Environment

People live in accommodation which supports their well-being. Bedrooms seen are personalised with items of importance to them. Photographs of family and friends were visible. Care records show care staff often sit and talk to people about these clearly recognising the importance. An individual spoke fondly of the photographs saying they were their “*memories.*” Equipment and adaptations are in place to support people who need it. We saw people who could, moving freely around the home spending time both indoors and outside. Since the last inspection, the programme for redecoration has continued with some rooms redecorated including the dining room and new flooring fitted. Plans are in place to continue the refurbishment programme. Priority is being given to ensuring people have a choice of bathing facilities as only the showers were in use on the day of our visit. The assurance has been given this is being addressed.

Work has been completed on the outside garden space making this area accessible for everyone. It is a lovely area where people can meet with family and friends and enjoy the peaceful surroundings. Raised beds have been made where flowers and vegetables have been planted. Without exception, people told us they enjoy being able to go out in the garden and enjoy this space.

We found the environment to be clean and tidy. Domestic staff told us they have training and all the equipment they need to carry out their role. Personal Protective Equipment (PPE) is readily available throughout the service. The manager does regular audits of the environment so issues can be identified and rectified quickly. The kitchen has achieved a score of five (highest score possible) following a Food Standards Agency inspection. Kitchen staff confirmed they have all relevant training and regular meetings with the manager to make sure they have all the equipment they need. Menus seen are varied and available to people in Welsh or English.

There are effective health and safety measures in place to ensure the environment is safe and well maintained. Records show regular checks of equipment including hoists and slings take place. Care staff have training to make sure this equipment is used safely. Checks of fire safety equipment takes place. Fire drills do not take place regularly, but assurances have been given this will be addressed.

Leadership and Management

The management team work hard to create a positive culture where people feel well cared for and care staff feel supported in their role. Records show the manager does regular audits of all aspects of the service so issues can be identified and acted on quickly. The RI visits regularly and has good oversight of all aspects of the service. People can give their views on the service in a number of ways including, daily discussion with care staff, the administrator and manager who we saw interacting with individuals throughout our visit. They can also speak with the RI and operations manager who visit regularly and spend time with people using the service and care staff. Records show resident/relative meetings are held regularly as another way people can give their views on the service they receive.

People have access to information about the service. The Statement of Purpose (SOP) is reflective of the service provided. There is a monthly newsletter which is very informative and covers daily social events, menus, and important information. These documents are available in Welsh and English.

People receive care and support from a well led and consistent staff team. Agency use is kept to the minimum to help make sure people are supported by a familiar staff team. Records show care staff have regular one to one supervision meetings and an annual appraisal of their work. They tell us these meetings are useful and feel very well supported in their role. Work life balance is good. Regular staff meetings are held where information is shared amongst the staff team. They can discuss issues as a group including the well-being of people and issues relating to the day to day running of the service. Training records show care staff have the opportunity to develop their knowledge and skills through the training programme. They tell us these opportunities are good and requests for additional training to further improve their knowledge and skills are always granted.

People are supported by a staff team who are appropriately recruited. Records show all the required checks are in place before people start work. They then follow a detailed induction programme to make sure they are competent in their role.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
15	Personal plans should be developed with the individual and show how they will be supported to achieve their personal outcomes. They should include steps to be taken to mitigate identified risks and support positive risk taking	Achieved
16	People should have the opportunity to be involved in reviewing their personal plans to make sure they continue to meet their personal outcomes.	Achieved

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