



# Inspection Report on

**The Old Deanery**

**The Olde Deanery Rest Home  
Deans Walk  
St. Asaph  
LL17 0NE**

## **Date Inspection Completed**

4 January 2023

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## About The Old Deanery

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	the old deanery ltd
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive care and support from staff who feel well supported; they are trained and enjoy their work. Comprehensive care plans contain information collated from people living in the home, their relatives, and professionals. Staff know the residents well, their interests, their preferences, and what matters to them. They monitor people's health and wellbeing closely and are prompt to seek medical advice when required. People describe staff as warm and friendly and say they feel part of one big family. They also praise the quality of the food and the menu choices offered. Food is freshly cooked with nutritious options. The home is comfortable, warm, and clean and people's rooms are personalised to their taste. The manager is available and accessible most days and both staff and people in the service feel they can talk to them at any time. The person responsible for oversight of the service is in the home frequently but has insufficient quality and audit systems in place to review progress and inform service development.

## Well-being

People have choice and control regarding the care and support they receive at the home. They choose where they want to spend their day; they follow their hobbies and interests including going out for walks to local shops. There is choice of meals on the menu and people choose where they want to eat this. Information is collated from people and their relatives, so the home knows about individual preferences, past interests, and what matters to them most.

People's physical, mental, and emotional well-being is looked after by care staff who seek professional advice if required. Personal care plans are comprehensive with clear and accurate information about people's health needs. Staff are trained to care for people effectively and they are guided by policies and procedures that help ensure people's well-being is protected. The home has good relationships with local health providers including community nurses and local doctors. Records illustrate health advice is sought promptly when required and there are routine medication reviews.

Staff are trained to ensure people are safeguarded against potential abuse or harm. Staff are also guided by updated relevant policies. They know what to do if they have any concerns about a person's wellbeing. Staff confirm the manager is always accessible and they would feel able to discuss any concerns with her. Risk assessments help to keep people safe while protecting their right to be independent.

The layout of the accommodation allows space for a variety of needs. There is a large lounge on the ground floor where people can partake in activities or watch television. A large central hallway has seating so people can sit and chat, watch and engage with staff going about their work or simply enjoy some quiet time. People also choose to stay in their own room, listen to the radio, watch television, or read the newspapers. The home is welcoming and comfortable and there are plans to further improve some areas. There are currently two assisted bath and shower rooms and plans to convert another bathroom for people with mobility problems to use.

## Care and Support

The service provider ensures each person has an accurate, up to date plan for how care should be provided to them. Plans cover a range of care needs such as oral care, personal care, mobility, nutrition, and medical needs. We also saw hobbies and interests are recorded. Daily notes show people are supported to follow their interests; we saw people reading the daily newspapers, listening to their radios, taking a walk with staff to the shop. One person told us how they enjoy reminiscing and sharing stories. We saw instructions on meeting needs are written in a way that builds on people's skills and independence. Plans are regularly reviewed to ensure they remain accurate, and that staff know the residents well.

Individuals' care needs are identified and agreed through consultation with them and people who know them well. This helps ensure accurate and personal information about the person's history and what matters to them. Staff are guided by this detailed information and provide the appropriate and most effective care. People praised the care they receive describing a family feel about the home. One person receiving care and support told us *'the best part (about this service) is how well looked after we are'*. The person joked, *'I am getting fatter and fatter as the food is so good'*. Another person told us, *'Nothing could be better. I press the button for help if I need it and they come quickly'*. People told us how they get up when they want, they spend their day where they prefer to be and do what they want to do. Some people speak Welsh and can converse with Welsh speaking staff working at the home. People complimented the food. There are two options on the menu for each meal, but people can choose something else if they wish. We saw fresh vegetables being prepared for lunch; every aspect of the meal made from scratch. Two different drinks are placed on each person's table in the bedroom of people who prefer to sit in their room, so they have a choice.

People are supported to access healthcare and any other services necessary to maintain their health and well-being. Records show appointments with the GP, chiropodist, dental practitioner, diabetes nurse and optician. Community nurses visit the home frequently to carry out nursing tasks. Records show staff are vigilant; health advice is sought promptly when required. We saw some people have adjustable profiling beds for their comfort; people have aids and equipment to support their mobility. The local pharmacy is due to provide some training on medication administration and audit the systems in place to help keep practices safe.

The service has mechanisms in place to safeguard the people they support. Staff have received training in safeguarding and there are policies and procedures to follow should there be a concern of this nature. Staff told us they see the manager every day and can speak privately with her whenever needed.

## Environment

The care service is provided in a home that has facilities and equipment to help people achieve their personal outcomes. There is a large garden where people can sit and enjoy fresh air and local shops for people to walk to. The home is homely and comfortable; people describe it as having a 'family feel'. There are grabrails around the walls and the ground floor hallway is spacious allowing people to walk around safely. There is a lounge on each floor and a large television connected to the internet so people can watch films when they like. Comfortable armchairs in the lounge are situated so all can see the television. People's bedrooms are clean and have comfortable furniture; every room has an armchair, wardrobes, a table, and comfortable bed. Family photographs and items that mean something to the individual help make rooms personal and homely.

Some areas would benefit from improvement, and the manager advised these plans are in place. There are plans to renew carpets in some areas and it is a routine adopted by the home to redecorate rooms once vacated. There are plans to add distinguishing information or images on people's bedroom door to aid orientation. Other plans for development of the home include refurbishment of an existing bathroom to make it an additional assisted facility. There are currently two assisted bath/shower facilities and an additional bathroom for independent use. Bedrooms have ensuite facilities or are situated near bathrooms.

The service provider identifies and mitigates risks to health and safety. There is a maintenance book for staff to note any needed repairs they identify. The person responsible for overseeing the home also takes care of maintenance and is in the home frequently to do so. We saw call bells are situated close to where people sit or sleep in their own rooms and one person told us how staff respond quickly when activated. We saw there are sensor mats in some rooms so that staff can be alerted a person has risen from bed and may be at risk of falls. Risk assessments have been completed to reduce risk of harm to people living in the home. Records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety; there are gas and electrical safety certificates. There are fire drills and staff have received fire safety training. The home has achieved a Food Standards Agency rating of 5 in 2019, which is the best it can be.

## Leadership and Management

The provider has some governance arrangements in place to support the smooth operation of the service. The individual responsible for overseeing the service (Responsible Individual/RI) considers the effectiveness of different aspects of the service in their official three-monthly visit. However, we found this arrangement is not effective as a quality and audit system. The RI has not identified some checks and measures need improving as they are not undertaken consistently such as recording of fridge temperatures; some records are not always accurately completed such as medication administration records; progress with specific recommended improvements by visiting environmental health officers has not been monitored; there is no clear system in place to canvas the views of people living in the service such as questionnaires or resident's meetings. We saw policies and procedures have been updated including the statement of purpose, but the latter is still inaccurate. We were told verbally of plans to improve various parts of the environment but there is no written plan with timescales from which to measure progress. There are ineffective audit systems in place to be confident of progress. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by appropriate numbers of staff who have been vetted to ensure they are suitable for the role. We saw criminal records checks have been carried out and two references are sought prior to employment. Each employee has training certificates in their personal file evidencing training in a range of relevant subjects ensuring safe working practices. First aid, food hygiene, moving and handling, medication administration are examples of training given. The staff rota shows there is always a senior care worker on duty and adequate staff to meet people needs. We spoke with staff who said they are able to work unhurriedly; they enjoy talking with the people they support about their lives and their families. They can spend quality time with people, painting their nails, reading the newspaper with them, and supporting them to carry on their hobbies. We saw one staff had time to accompany a resident on a walk.

Staff told us they feel supported. There are monthly staff meetings giving care staff more opportunity to share views and information. They know each other well and work well as a team. Each staff has regular opportunities to have a one-to-one meeting with the manager although they can talk with the manager daily and in private should they want to. Staff told us how they feel part of a family in the home. They enjoy their work and know the residents well.

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

80	<p>Quality and audit systems are currently ineffective. This includes a lack of systems in place for canvassing the opinions of residents and staff. The RI is therefore unable to provide adequate assurances the service delivers high quality care that supports people to achieve their desired outcomes in the best way for them.</p>	New
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