



Inspection Report on

Castle Graig Nursing Home

**Castle Graig Nursing Home
93 Salem Road Morriston
Swansea
SA6 8NN**

Date Inspection Completed

18/04/2024

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About Castle Graig Nursing Home

| | |
|---|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | Navagrace Ltd |
| Registered places | 37 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 13/03/2023 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

Castle Craig is a privately run, large extended house offering a suitable service supporting up to thirty-seven people with residential and nursing needs. There is a homely atmosphere, people and relatives spoke fondly of the service. There has been changes to the management team since our last inspection, which has affected the normally smooth running of the home. Staff have received training and know the people well and understand their needs. However, training of staff needs improvement due to the majority of staff are in need of refresher training, including safeguarding and fire safety. Staff have expressed their support for the service and the new manager who is making a positive impact. People have personal plans and risk assessments in place to meet their needs. These plans need strengthening, more detail is needed to guide staff in providing appropriate care and support.

Castle Craig is a spacious home with a number of communal areas, simply decorated. Parts of the home have been refurbished with some areas to be completed soon. There is a good maintenance team in situ with procedures in place to maintain health and safety of people. There is an approachable responsible individual (RI) and new manager giving good oversight of the service.

Well-being

People get the right care and support. Care and support plans and associated risk assessments are in place, plans are reviewed regularly with people or relatives. Plans need more detail to ensure staff know how best to support people. Communication care plans need to be clear and give staff specific instructions to support people. The electronic system includes blank sections such as personal history and likes and dislikes of people. People told us they are happy and feel well supported by staff.

People are protected from abuse and harm. The provider has an adequate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. Refresher training has not been completed by all staff. The new manager is aware of this and assures us it will be one of her priorities moving forward. Staff spoken with understand their role and responsibilities in safeguarding people and reporting concerns.

People live in suitable accommodation, which supports their well-being. People's bedrooms reflect the individual and are personalised with items of their choosing that are important to them. Communal areas are simply decorated, with enough space for people to socialise. Some areas are being refurbished and updated, including a summer room to the rear of the building. Safety checks are completed regularly, to ensure the safety of people and staff. We noted the nurse call buttons in some rooms did not work on the day of inspection due to refurbishment work. The new manager has since confirmed the call alarm system is working.

We saw good governance and oversight of the service. The RI has good quality monitoring processes in place to safeguard people. Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. The RI visits the service regularly to give support and guidance to the new manager and to drive improvement of the service. The RI speaks with staff and people when they visit to obtain their feedback about the service, this information is fed into the quality care report.

Care and Support

The standard of care and support is good. People told us they were happy in the service and felt staff new them well. There is a large number of overseas workers in the service and on occasion the linguistic and cultural differences are noticeable. People stated it is sometimes difficult to understand the person speaking during the bingo and quiz. Another example, staff did not understand Bovril can also be a hot drink and assumed the individual was confused. This was remedied quickly by the attentive cook. This said the people and relatives spoken with were very complimentary of staff. Comments included *"Staff are first class; they are very good"*. And *"I've been coming here for five years, I can't fault the place they really look after you, there have been some big changes of staff and management, but this has not affected the care"*.

Care and support plans and associated risk assessments are in place, but plans could be strengthened as the electronic system used does not contain relevant information about people. Particularly social history, likes, dislikes and specific guidance on how best to support people. This was discussed with the new manager who confirmed she is reviewing all support plans to ensure they reflect people's outcomes while transferring plans to the electronic system.

The health and well-being of people is supported well. Documentation seen and speaking with staff, show staff can recognise deterioration in people's health and seek medical attention when needed. We saw staff are familiar with the likes and dislikes of the people they support even though they were not all written in their electronic support plans.

The service has mechanisms in place to safeguard people they support. We saw safeguarding policy and procedures in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *"We make sure the clients are not taken advantage of, they are happy and well cared for"*. *"I would report to the nurse and the manager if I thought something was not right"*. And people told us; *"I definitely feel safe"*.

We saw a training certificate showing staff receive safeguarding training as part of their induction, however, online refresher training is out of date for four of the six staff files checked. This was discussed with the new manager who has assured us training is a priority. The RI and new manager have formulated an action plan to address any outstanding issues while the service has been without a manager. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

Environment

The property meets the needs of people. Castle Craig is a large property set in its own grounds. The service environment is homely, warm, and friendly. People and relatives told us they are happy with the service and were complimentary of staff and the management team. One person told us; *"We have all sorts of activities, a chap was singing yesterday, he was very good; And "I play Domino's, one of the other people here taught me to play, we sit and play in the lounge"*. We saw people looking comfortable and engaged within their surroundings. People informed us that they felt safe in the service and enjoy activities, they particularly complimented the food and the cook. We saw the kitchen had a food hygiene rating of five (very good). The property is large enough for people to socialise or spend time alone in their room. Bedrooms are clean, simply decorated and personalised to individuals' tastes. We saw the refurbishment of one room which was of a high standard. There is a spacious garden to the rear of the property. The manager informed us the garden will be made safe, clearing paths, and fixing the gate in readiness for use in good weather.

The provider has good systems in place to identify and mitigate risk to the health and safety of people. Safety checks, such as water temperatures are carried out. Routine servicing of utilities such as gas and electricity take place and certificates seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. Fire escapes were clear of obstruction to support the safe evacuation of people. We saw boxes of documents archived in an electrical cupboard during our inspection. The RI and manager have confirmed archiving of documentation has been removed to another safer location. The service is secure, with key code entry, we were asked to sign the visitors book in line with fire regulations. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

Leadership and Management

There has been a management change since our last inspection and the service has been without a manager for over three months. This has meant some of the supervisions and refresher training are behind schedule. This will be addressed by the new manager. The manager has been in post two weeks, she is very experienced and already making positive changes in the service. One staff said, *“Even in 2 weeks the manager has made an impact, she asks us to help find the problems and bring solutions, she listens, very positive”*. The RI will support the manager during their quality monitoring processes to ensure adequate management support. The RI has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. The RI is present in the service and is spoken well of by staff. Quarterly visit reports and bimonthly quality of care reviews are completed by the RI. Reports set out areas for improvement and actions for the manager and team to drive improvement.

People are supported by a good staff team. Staff told us; *“I feel valued and well looked after”*. Appropriate recruitment processes are in place to safeguard people. The records we saw show the provider carries out the necessary checks when recruiting staff. For example, references and Enhanced DBS (Disclosure and Barring Service) checks are carried out and reviewed in line with regulatory time scales. The staff team are well supported in their roles. We saw staff supervision and appraisals are carried out, some supervisions and appraisals are behind schedule due to the absence of a manager. Staff told us; *“I had supervision last week, last year I had an appraisal”*. *“They are very useful to show progress and future problems or challenges can be discussed”*. And *“They are good supervisions”*. We are reassured the new manager will bring the service back in line with regulatory requirements. Communication is enhanced by team meetings and impromptu discussion. We observed a handover, information was conveyed clearly and in necessary detail. Handovers are also used for mini teaching sessions, which will be strengthened by the input of the new manager. Staff told us; *“The RI makes us relaxed and able to express any concern”*. Documentation seen shows all staff are registered or working towards registration with Social Care Wales (SCW) the workforce regulator.

| 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 |
| N/A | No non-compliance of this type was identified at this inspection | N/A |

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