



Inspection Report on

Eleanor Hodson House Nursing Home

**Eleanor Hodson House
Pillmawr Road
Caerleon
Newport
NP18 3QZ**

Date Inspection Completed

16/05/2024

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About Eleanor Hodson House Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Isca Care Limited
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	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 and their relatives are very happy with the care and support they receive and the environment they live in. Care staff are confident in their roles and enjoy working at the home, they feel well supported by the management team. A good range of activities are offered on both a group, and one to one basis.

People's care needs, preferences and what they would like to achieve are recorded in their personal plans, which are regularly reviewed and updated. Care and nursing staff refer to personal plans to inform them of how to support each resident in accordance with their wishes.

The home benefits from an experienced manager, who has been in post for just under a year. The manager has made improvements to the running of the home, and is talked about positively by staff, residents, and visitors. The Responsible Individual (RI) visits the home regularly and demonstrates effective oversight of the running of the home.

Well-being

People have control over their day-to-day lives, as much as possible. People and their families are provided with information on what they can expect from the home, and how they will be involved in decisions which may affect them. Care staff build meaningful relationships with people by spending one-to-one time with them and seeking their views. The manager showed us an improved system to evidence people and their relatives being supported to make decisions about their care. People are supported to maintain relationships with their friends and families. Visitors are made to feel welcome and talk positively about the friendly atmosphere at the home.

A range of stimulating activities help support people's emotional wellbeing. A hairdresser visits every week and uses the home's dedicated salon room to do people's hair. The rapport between care staff and people is respectfully familiar, and we observed pleasant fun interactions. Care staff are attentive and consider people's preferences. The mealtime experience is a relaxed and sociable time of the day, which people enjoy.

People are protected from harm. Care staff know what to look out for and how to report any concerns if required. The provider has a safeguarding policy which is aligned to current best practice. The manager ensures the policy is understood and followed by all staff. Well established protocols protect people from having their freedom restricted unnecessarily. The manager reports any restrictions which are required to keep people safe to the local authority, using the appropriate process.

Care and Support

The manager considers a range of information about new residents before they come to live at the home. This ensures the service can meet people's needs and preferences. Care staff know the people living at the home well and treat them with compassion, dignity, and respect. We observed call bells being responded to promptly and sympathetically. People told us care staff are always quick to help with anything they need. Good consultation arrangements ensure people can express their views. People have choices about the activities they engage in, menu options, and with their daily routines.

Personal plans contain important information on the social history of people, but this is brief for some residents. People's care preferences and needs are recorded clearly in their personal plans. The plans evidence best practice by focussing on what the person can do for themselves in each identified area before informing care staff how best to support them. The manager told us about plans to introduce clearer guidance to care staff of when they should refer specific matters to nurses or other health professionals.

Care records are completed to evidence people are being supported as described in their personal plans. Recording charts are kept as described in personal plans but we saw some gaps in these in these records. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP) who visits the home every week to review residents who require it. The home has a positive relationship with the GP. All appointment records and outcomes for review are recorded in the daily notes. People are encouraged to maintain a healthy weight as part of a healthy lifestyle.

Systems are in place for the safe management of medication. Care and nursing staff support people with their medication, which helps to maintain their health. Medication records are completed accurately, but some other important information, like whether people have allergies is not always recorded. The manager assured us this would be addressed. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

Environment

The environment supports people to maintain their wellbeing and achieve their desired outcomes. The layout of the home, together with the provision of aids and adaptations, helps promote independence. The home is kept clean, light, and well maintained. Communal areas are arranged to promote people socialising in small groups of their choice. People's bedrooms are personalised to their own taste, people have family pictures, posters, and ornaments in their rooms. The home is well equipped and spacious. Furniture and fittings are all in good condition. An ongoing refurbishment programme is being followed, we saw small lounges and bathrooms were being refurbished. Works are being completed with minimal impact on people living at the home. The home benefits from a chapel, where weekly services of worship are held.

Potential environmental risks are assessed, and measures put in place to manage the identified risks. Regular audits are carried out on the environment to ensure safe standards are maintained.

The front door is kept locked, and our identity was checked on entry. Care staff follow procedures to ensure safety is maintained. We viewed the maintenance file and saw all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms are completed, and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support them to leave the premises safely in the case of an emergency. The home has a rating of five from the food standards agency which means food hygiene standards are very good.

Leadership and Management

People benefit from effective leadership and management at the home. The manager oversees the day-to-day running of the home. There is a clear structure of responsibility. The management team know the people living at the home well and are supportive of care staff. The RI visits the home frequently and has good oversight of the service provided. Robust governance arrangements are in place. Quality of care reports are detailed, reflective and informative. These reports are completed twice yearly and celebrate positive achievements, as well as clearly planning for agreed improvements to be made. The service is provided as described in the statement of purpose.

Sufficient staffing levels are in place to meet the care needs of people living at the service. People are supported by care staff who are caring, knowledgeable and competent. Staff told us they enjoy their jobs, feel valued and well supported by the management team. Communication is good within the staff team and with other agencies. We saw care staff following the principles of person-centred care by placing people at the forefront of their care. Care staff told us they have enough time to support people and are not rushed. Care staff respond to requests from people in a timely manner and interactions are friendly, encouraging, and respectful.

Care staff are safely recruited. The staff files are well organised, and contain the required information, including Disclosure and Barring Service checks and professional registration with Social Care Wales, the workforce regulator. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Care staff receive one to one supervision which provide staff with the opportunity to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance.

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
16	People or their representative are not always included in their personal plan reviews	Achieved
36	Care and Nursing staff do not receive one to one supervision as often as required and training compliance needs improving in mandatory courses	Achieved
80	No Quality of care report has been received which is required at least every six months and must include; Considering the outcome of engagement with individuals and others. Analysing the aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints. Reviewing any action taken in relation to complaints. Considering the outcome of any audit of the accuracy and completeness of records	Achieved

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