

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Madog Nursing Home

Garth Road
Porthmadog
LL49 9BN

Date of publication – 02/12/2009

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Care and Social Services Inspectorate Wales

North Wales
 Government Buildings
 Dinerth Road
 Rhos on Sea
 Colwyn Bay
 LL28 4UL

01492 542580

01492 542569

Home:	Madog Nursing Home
Contact telephone number:	01766 513513
Registered provider:	Madog Nursing Home Limited
Registered manager:	Jill Vanessa Jones
Number of places:	44
Category:	Care Home Nursing – Older Persons
Dates of this inspection episode from:	21/09/09 to: 02/11/09
Dates of other relevant contact since last report:	N/A
Date of previous report publication:	20/09/08
Inspected by:	Nigel Wyn Williams
Lay assessor:	N/A

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

The Madog Care Home is purpose built and is registered to provide accommodation together with personal and nursing care for up to forty four older persons.

Accommodation is provided within thirty eight single and three double rooms all with en-suite facilities.

The home is located in an elevated position close to the centre of the town of Porthmadog. The home's elevated position provides panoramic views of the surrounding countryside and the Snowdonia mountain range beyond.

This is the fourth inspection of The Madog following the reform of regulation and the adoption of a proportionate approach to inspection. The report focuses on the outcomes of the service for the service users and is therefore written from the service users' perspective.

The Registered Person was asked to complete a self-assessment document allowing them the opportunity to give an objective view reflecting the quality of the service provided, areas of achievement and those for development. This document forms the basis for the focus of this inspection. In addition to this information, the inspector considered the requirements and recommendations made following the last inspection of the home and other sources of information held on file relating to the home. Following consideration of all this information, the inspector developed an inspection plan that outlined the methods and focus of the inspection. In accordance with the aims of the reform, the focus has been on the service users' perspective of the provision, core policies/procedures, staff recruitment, training and supervision and the quality assurance methods.

The inspector used a combination of inspection methodology that included:

- Case tracking the care of eight service users identified by the providers as willing to participate in the inspection process
- Direct testing of the documentation held at the home
- Use of staff questionnaires – ten questionnaires were forwarded to the home to be distributed to a cross-section of staff. A total of seven completed questionnaires were returned to the inspecting officer.
- Use of service users' questionnaires – eight questionnaires were sent to the eight service users identified in the Self Assessment Form as having agreed to take part in the inspection process. A total of six completed questionnaires were returned to the inspecting officer.
- Observation of the interactions between staff and service users during one unannounced visit to the home.

The opportunity was taken to view part of the accommodation during this inspection. The areas of the accommodation viewed were found to be in a good state of repair, well decorated, comfortably furnished, clean and tidy and free from any undesirable odours.

The service users and who took part in the inspection process were complimentary of the staff and the service provided at The Madog. The service users confirmed that they are offered choice in their daily lives and that they are treated with dignity and respect by the staff.

Documentation relating to the admission of service users showed that the manager or

another designated member of staff undertakes an assessment of need prior to individuals being offered a place at The Madog. Admissions are arranged on a trial basis. Each service user has a plan of care, or service user plan, which is reviewed on a monthly basis or more frequently if the need arises.

Staff training is ongoing with a number of staff identified as having gained or working toward the National Vocational Qualification in care.

No complaints have been received by CSSIW relating to the service offered at The Madog since the date of the last inspection of the home.

In accordance with the proportionate approach to the inspection of care homes for older persons, it is not possible nor is it expected to inspect all aspects of the service in depth during an inspection. It remains the responsibility of the Registered Provider to ensure that the home operates in accordance with the relevant laws and regulations.

The inspector would like to thank the management, staff, service users and their families for their co-operation during this inspection.

Choice of home**Inspector's findings:**

The home has a statement of purpose and service user guide which are made available to all prospective service users. Service users who completed and returned questionnaires confirmed that they were provided with all the relevant information prior to moving into the home or upon arrival at the home.

Prior to admission to The Madog, the Registered Manager, or another designated registered nurse from the home, undertakes an assessment of the prospective service users in their own homes, hospital or other establishment. On inspection of the eight selected care files, it was evident that these assessments correlate with the assessments performed by the funding authorities and take into account the service users' social interests.

From the information provided in the service users' questionnaires, it is evident that prospective service users and/or their representatives are given the opportunity to visit the home and assess the suitability of the facilities offered before deciding on whether to reside there on a permanent basis.

Admission to The Madog is arranged on an initial trial basis of up to one month. During this time, further assessments of the individual's care needs are undertaken on a regular basis.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Planning for individual needs and preferences

Inspector's findings:

From inspection of the individual service users' care files, it was determined that a plan of care in respect of each service user is drafted by the manager. The plan is generated from comprehensive risk assessments and is based on the identified needs of the individual. Each service user plan sets out how their assessed needs are to be met by the staff at the home. The eight sample plans seen by the inspector were consistent with those drawn up by the funding authorities and reflected the individual service users' physical, psychological and social needs.

All the service user plans are reviewed on a monthly basis or more often if the need arises. It was noted by the inspector that reference to aspects of care provided to a service user on a regular basis is documented in the daily record and any new identified care need is reflected in additions to the care plan.

It was evidence through responses to questionnaires that the service users and or their representatives are consulted with regard to the care plan and their views sought during formal reviews of the service users' needs. These formal reviews involve the Local Authority and Local Health Board representatives where appropriate.

The home maintains all the records required by regulation.

All information of a personal or private nature relating to service users is securely stored.

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Good practice recommendations:

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Quality of care and treatment

Inspector's findings:

It was confirmed, in the responses to the questionnaires completed by the service users, that staff in the home respect their privacy and dignity.

Only part of the accommodation was viewed during this inspection.

Accommodation is offered within thirty eight single and three double rooms all with en-suite facilities.

Staff were seen to respect service users' privacy by knocking on doors and awaiting a reply before entering bedrooms.

The service users were seen to be well cared for in their appearance.

Privacy screening is provided in shared bedrooms.

Review of the documentation confirmed that the health and condition of service users is monitored and reviewed regularly in order to identify any deterioration or possible risk of deterioration. Any incidence of pressure damage is recorded in the individual care plan and documentation of assessment, treatment and evaluation is maintained. Equipment for the promotion of tissue viability is available in the home. The Tissue Viability Nurse is contacted as required.

The service users, who completed and returned questionnaires, commented positively on the food provided at The Madog.

The Inspector did not undertake a full audit of the medication management processes within the home. However, from the evidence provided i.e the Policy and Procedures, medication administration charts, and from discussions with the Manager, systems are in place for the safe receipt, storage, recording, handling, administration and disposal of medicines.

Prior to this inspection, the registered person was required to complete a self-assessment checklist in relation to health and safety. From the information provided, the home is taking the necessary steps to ensure the health, safety and welfare of service users and staff. The vast majority of staff have received recent training in fire safety.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Quality of life

Inspector's findings:

Service users who completed and returned the questionnaires confirmed that they are encouraged and assisted to exercise as much choice and control over their life as possible.

It was also observed during the inspection visit that the home operates an open visiting policy with service users seen to entertain visitors in the privacy of their own room or one of the communal lounges.

In order to comply with health & safety regulations, all visitors are required to sign the visitor book on arrival to the home.

It was confirmed during inspection of the accommodation that service users are able to bring in small items of furniture and personal belongings into the home.

There is a programme of activities on offer and those participating in the inspection commented favourably on the activities organised by the home. The service users' individual social interests are identified during the pre-admission assessment and the programme of activities is provided by an 'activities co-ordinator', employed by The Madog, who attends the home twice a week. The manager stated that she intends to increase the activities co-ordinator's attendance to three days per week. Notice of programmed activities is available on the notice board in the front foyer.

The home has a minibus which is used to transport service users on outings. The manager stated that there are plans to replace the existing minibus.

The home has a written confidentiality policy.

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Good practice recommendations:

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Staffing

Inspector`s findings:

The home operates a sound recruitment process in order to ensure the protection of the service users accommodated. This includes undertaking Criminal Record Bureau checks, references and medical information. The files of the staff members employed since the last inspection of the home were inspected and found to contain all the aforementioned information.

Staff duty rotas were presented, as part of the self assessment documentation, showing what staff are on duty during the day and night and in what capacities they are employed. The manager confirmed, in discussions with the inspector, that there were sufficient staff on duty during each shift in order to meet the care needs of the current residents.

A registered nurse is on duty throughout the 24 hour period as service users with nursing needs are accommodated.

Staff training is on-going with staff expected to attend all relevant training courses. Fifteen staff members having gained NVQ Level 2 qualification, six staff members having gained NVQ Level 3 qualification, one staff member has gained NVQ Level 4 qualification and four staff members having gained NVQ Level 4 Registered Managers Award. A further three staff members are currently working towards NVQ Level 2 qualification. This is commendable.

Inspection of a sample of staff files confirmed that staff supervision is normally undertaken every two months as required, although the manager confirmed that this has slipped slightly of late due to the manager having to work some shifts on the floor to cover trained staff absences. The manager assured the inspector that the programme of staff supervision would be brought back on track over the next few months.

All of the staff who completed and returned the questionnaire commented positively on all aspects of the care provided at the home. They also commented positively on the support they receive from the home's management.

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New requirements from this inspection:

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Good practice recommendations:

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Conduct and management of the home**Inspector's findings:**

The home is owned by Madog Nursing Home Ltd. The Responsible Individual is Mr Andrew Paynter. The Registered Manager is Mrs Jill Jones.

Mr Paynter attends the home at least one a week and conducts quality monitoring visits to the home as required under Regulation 27 and produces a report on his findings. Copies of Mr Paynter's report on his recent visits to the home, were presented as part of the self assessment documentation. The reports confirm that Mr Paynter seeks the views of service users and the staff as part of his audit. In addition to this, six monthly quality monitoring systems have been introduced based on seeking the views of service users.

Inspection of the accident records identified that a record of incidents/ falls sustained by the service users is maintained. An audit of falls is undertaken identifying any pattern and risk and, where possible, eliminating any risks in order to reduce the occurrences.

Service users and staff who completed and returned questionnaires were very positive with regard to the operation of the home and all remarked on the homely environment and pleasant and approachable manner of the Manager and staff. This was also witnessed by the inspector during the visit.

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Good practice recommendations:

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Concerns, complaints and protection

Inspector's findings:

The home has a written complaints procedure which is included within the service user guide.

The service users, who completed and returned questionnaires, stated that they felt able to approach the staff, manager or Registered Person should they have any cause for concern or wish to complain about any aspect of the service.

No complaints have been received by CSSIW since the last inspection of the home.

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New requirements from this inspection:

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Good practice recommendations:

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The physical environment

Inspector's findings:

The Madog Care Home is purpose built and is registered to provide accommodation together with personal and nursing care for up to forty four older persons.

Accommodation is provided within thirty eight single and three double rooms all with en-suite facilities.

The home is located in an elevated position close to the centre of the town of Porthmadog. The home's elevated position provides panoramic views of the surrounding countryside and the Snowdonia mountain range beyond.

No areas of concern were identified from the Self Assessment Form, or completed questionnaires, in respect of the physical environment. Consequently, the accommodation was not viewed in detail during the inspection visit. The areas of the home which were inspected were found to be well furnished and maintained to a high standard. However, the manager stated that she has identified areas of the home that require refurbishment and re-decorating and that she hopes that this work will be undertaken, by the handyman, over the forthcoming twelve months.

Accommodation is provided on three floors and service users have access to all parts of the communal and private accommodation through the provision of ramps and a passenger lift. In addition there are aids and equipment to promote service users' independence and mobility that include mobile hoists and handrails in corridors and toilet areas.

The home has one small lounge for quiet activities, a large sun lounge and a large dining room. Furniture in the communal areas is comfortable and of good quality.

Those service users' rooms which were viewed during the inspection were found to be clean and tidy with no undesirable odours evident.

Service users' rooms were seen to contain personal items of furniture and memorabilia.

Toilet, washing and bathing facilities are provided in sufficient numbers on all floors.

Sluices are provided in sufficient numbers.

Procedures are in place for the control of infection.

The exterior of the home, to include the front and rear patio areas and car park were seen to be in good order and free from hazards.

There is a small garden area with seating adjacent to the car park to the front of the home.

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Good practice recommendations:

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