

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Thomas Gabrielle Nursing Home

20 Victoria Street
Old Cwmbran
Cwmbran
NP44 3JP

Date of publication – 13th August 2010

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Care and Social Services Inspectorate Wales

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Home:	Thomas Gabrielle Nursing Home
Contact telephone number:	01633 868241
Registered provider:	Gwyneth Virgo Nanette Virgo
Registered manager:	Nanette Virgo
Number of places:	43
Category:	Care Home Nursing – Older persons
Dates of this inspection episode from:	15 April 2010 to: 20 July 2010
Dates of other relevant contact since last report:	None
Date of previous report publication:	21 August 2009
Inspected by:	Louise Powell

Introduction

Thomas Gabrielle Nursing Home is situated on the outskirts of the town of Cwmbran.

The Registered Providers were Gwyneth Virgo and Nanette Virgo.

The registered manager was Nanette Virgo who demonstrated the relevant experience, knowledge and skill required to undertake her role.

Mrs Virgo was supported in her management role by the clinical lead who had delegated roles and responsibilities specific to nursing care delivery.

The home, was registered to accommodate up to a maximum of 43 service users which consisted of up to 40 older persons (nursing) and up to 9 older persons (personal care) (in this instance older persons refers to individuals over the age of 65 years).

At the time of the inspection visit there were 42 service users being accommodated.

The home provided individual accommodation and communal facilities over two storeys.

There was limited car parking space to the front of the building however, this was compensated by additional space to the rear.

Summary of inspection findings

- The management style was open and inclusive.
- The daily routines were flexible and varied to suit service user expectations, preferences and capacities.
- The home was noted to be clean, tidy and odour free.
- There was an ongoing process of review, replacement and refurbishment in regards to furniture, fixtures and external building.
- Service users spoken to at the time of the visit were very complimentary about the service delivered and staff team.
- These comments were also reflected in questionnaires completed by relatives/representatives.
- Appropriate policies/procedures to guide service delivery and practice were evidenced.
- Appropriate recruitment practices were implemented.
- Robust quality assurance measures were implemented.

What does the service do well

The Registered persons had invested in the development of the staff team, and service provision, by the recruitment of a training development officer. The approach to training had become more proactive and structured. Training accessed linked into statutory requirements and specific service user need. Comprehensive records were maintained and each staff member had a training file. It was proposed that developments would extend into staff supervisions, with amendments planned to methods of recording

discussions, and ultimately annual appraisals.

A training room, with appropriate teaching aids, had been developed.

It was noted that quality assurance measures were implemented. These included seeking the views of service users and their relatives/representatives. It was evident, from documentation provided that the outcome of any discussions, requests, observations or suggestions were considered and feedback formally given. The rationale behind the decision making process was clear.

What has improved since the last inspection?

There continued to be investment in the internal and external structure, furniture and fixtures.

As requested via quality assurance questionnaires from relatives/representatives the front appearance had been improved.

The development of the garden had proved positive not only in the facilitation of a pleasant seating area but also in respect of gardening activities for those service users who expressed an interest.

What needs to be done to improve the service?

a.) priorities

No regulatory requirements were made.

b.) other areas for improvement

Discussions around documentation highlighted areas of improvement and development that would facilitate a more streamlined approach.

Inspection methods

In order to determine whether or not the home was complying with The Care Homes (Wales) Regulations 2002, and National Minimum Standards for Older Adults, the inspector implemented a number of methodologies, namely:

- Review of Self-Assessment Documentation.
- One unannounced inspection visit.
- Representative questionnaires.
- Staff questionnaires.
- Case tracking.
- Discussion with service users.

- Discussions with staff.
- Direct observation.
- Environmental review.

The inspector gave verbal feedback at the end of the inspection visit in relation to any matters that arose.

The inspector would like to thank all concerned for making them feel welcome and for their co-operation throughout the inspection process.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

A Statement of Purpose and Service User Guide were available and copies of these were provided with self assessment documentation. The documents had been reviewed regularly and set out the details of the services offered at the home providing clear information for prospective service users.

The implementation of a recognised nursing assessment model, based on the "activities of daily living", along with additional risk assessment tools, were used to determine the input required by registered nurses. Specific comments in relation to documentation are referenced in the appropriate section of this report.

The assessment, planning, implementation and evaluation of individualised care was undertaken by registered nurses, who in turn, monitored and supervised care delivery.

Referral mechanisms were in place to the relevant services, including specialist services, practitioners and members of the primary health care team, to support the home in meeting the individual needs of service users. This was evidenced in care documentation that was reviewed as part of the inspection activity.

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:

Planning for individual needs and preferences

Inspector`s findings:

During the inspection episode, a review of three service user care file documentation was undertaken and the following observations were made:-

- Information was organised and structured.
- Implementation of recognised assessment, and risk assessment processes, was noted.
- Plans of care had been developed and they did reflect outcomes of assessments.
- There was a process of ongoing review and evaluation, which was undertaken on a monthly basis unless indicated as being required sooner.
- Supplementary documentation was implemented in respect of recording pressure relief regimes, fluid intake, dietary intake and hygiene needs. However, they were not consistently completed. Discussion around missing entries highlighted a need to streamline documentation to make it more “user friendly” and relevant, based on service users individualised needs. The accountability of registered nurses to ensure accurate recording of interventions, and preventative measures, was also discussed and agreed.
- It was noted that a monthly audit of a random number of care files was undertaken by the registered manger. A formal document was maintained that identified, if required, the action required to be undertaken. However, the review of the documentation did not indicate the timescale for amendments or whether or not they had been completed. This was discussed and agreed as a development that would evidence a robust audit process.

The Registered persons approach to continually reviewing practice specific to documentation as a means of ensuring good practice was noted.

The home managed all records in line with the Data Protection Act 1998.

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New requirements from this inspection:

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Good practice recommendations:

Quality of life

Inspector`s findings:

During the visit the inspector observed interaction between service users and staff, and noted that their needs/requests were managed in a calm and dignified manner.

In discussions service users were complimentary about staff attitude, the food quality and quantity, and the environment particularly their own bedrooms.

As part of the inspection process a number of relatives/representatives were invited to complete questionnaires. On review it was noted that comments were generally very positive. Examples are referenced below:

“the atmosphere is positive” “ staff encourage to mix with other service users” ,
 “ staff work as a team”, “ staff are approachable”, “ very accommodating, welcoming and homely”

Self Assessment documentation indicated that service users/representatives were assisted in contacting external agents/advocates, who would act in their interests.

There was a planned programme of activities and events. An attempt had been made to establish service users past histories, interests and hobbies and where practicable these were catered for.

One relative commented that “there was a very good range of activities – varied and interesting”, another said that activities were “exceptional “.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

The home had referral mechanisms in place to ensure that service users received appropriate access to specialist medical, nursing, psychological and clinical services.

During the inspection visit, a random review of service users care files evidenced the implementation of recognised assessment tools in relation to pressure damage prevention, nutritional risk, continence assessment/promotion, manual handling and the use of bedrails.

The inspector during their visit had opportunity to discuss nursing care delivery with a visiting health professional who stated that the home was always proactive in taking action following any recommendations if made.

The inspector had opportunity to observe the lunchtime meal. It was noted that the tables were appropriately laid with matching table mats and coasters, co-ordinating condiment sets were also readily available.

Despite not tasting the main meal, the food appeared appealing and appetising. The inspector observed that service users were given a choice in what they ate. Assistance was given to those who required it, in a calm and dignified manner. It was also noted that encouragement was given to those service users who displayed a poor appetite.

As indicated service users voiced positive comments in regards to meal provision which were re-enforced in comments recorded on relative/representative questionnaires such as;

“ food is well balanced and gives choice”, “well presented” , “ a very good quality and variety of food is provided”.

The management of medications was not audited at the time of the inspection episode. However, the inspector was aware that internal audit processes were implemented and information was provided as part of the self assessment process.

The Responsible Individual, and registered manager, provided for inspection, a written declaration in relation to compliance with technical certification and testing regimes.

Since the last inspection the company had appointed a training development officer. Documentation identified a statistical analysis of statutory and extended training completed, and also made reference to a planned programme of ongoing training which was based on the needs of service users and development of the staff team.

Self Assessment documentation indicated that a record of all service user, staff and visitors accidents was maintained. It was stated that an internal audit of all accident reports was undertaken on a monthly basis.

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

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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:

Staffing

Inspector`s findings:

At the time of the inspection visit, it was noted that the number and skill mix of registered nurses and care staff was appropriate to the number and needs of service users accommodated. However, the inspector was aware of the high dependency levels of service users accommodated and it was anticipated that any changes in need would be reflected in the staffing levels.

During the visit a review of staff personnel files was undertaken. It was noted that appropriate recruitment practices had been followed. However, discussion was held in respect of ensuring access to appropriate references particularly last employer. It was agreed that any difficulties in sourcing references would be fully documented in personnel files.

The inspector was made aware of the programme of planned staff supervision sessions. It was indicated that staff received formal supervision, on a 1 to 1 basis, on alternate months. This was supplemented by informal supervision of staff during care delivery.

The supervision process fed into annual appraisals with staff development and support being the focus.

Since the last inspection the home had invested in the employment of a training development officer. A planned and structure approach was being implemented in respect of statutory and extended training requirements and opportunities.

As part of the inspection activity, a number of staff was given the opportunity to participate in the process through the completion of questionnaires. On review of those returned it was noted that staff felt valued and supported in their roles.

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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:

Conduct and management of the home

Inspector`s findings:

The home was managed by Mrs Nannette Virgo who demonstrated the necessary skill, knowledge and experience required.

Review of relatives /representatives questionnaires indicated that the management of the home was approachable with Mrs Virgo , in one instance being seen as:

“ friendly and welcoming”.

During the visit the inspector noted the friendly, homely atmosphere, which facilitated open communication between the training officer, clinical lead, staff members, service users and relatives/representatives.

The home was able to evidence visits undertaken by the Registered Provider in accordance with Regulation 27 of The Care Homes (Wales) Regulations 2002. These visits were undertaken by the Registered provider Mrs Gwyneth Virgo.

As part of the self-assessment process, the home evidenced ongoing quality assurance through a system of monthly review and audit.

Financial procedures were not fully reviewed at the time of the inspection episode, however, the inspector was aware that an annual financial audit had been undertaken for the year. Review of self assessment documentation indicated that no recommendations had been made as a result of the audit.

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

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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:

Concerns, complaints and protection

Inspector`s findings:

The home had a complaints policy/procedure that was openly accessible. It was also noted that records were maintained of all complaints made, including outcome and feedback given. Documentation was provided for review.

The home had internal policies and procedures specific to the Protection of Vulnerable Adults and Deprivation of Liberties Safeguards (DoLS).

The home had access to the South East Wales policy on the Protection of Vulnerable Adults.

It was evident from the training records that all staff had undertaken protection of vulnerable adult training.

In discussion it was confirmed that the home was not restricting any service users liberties and had therefore not made any applications under the DoLS policy/procedures.

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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:

The physical environment

Inspector`s findings:

The home had individual accommodation and communal space over two storeys.

The external grounds were well maintained and accessible to most service users.

At the time of the inspection episode, the inspector was informed that all rooms had single occupancy.

Furnishings and lighting were noted to be domestic in character and of an acceptable quality. There was evidence of ongoing renewal and refurbishment. This was achieved through a rolling programme based on priority of need.

Day space appeared light, airy and spacious.

At the time of the visit the hairdressing facility was being refurbished and the inspector was made aware of an investment in new bed linen and curtains. It was stated that service users had been consulted about colour schemes.

As part of the inspection activity a thematic infection control audit was undertaken. The findings based on Self Assessment documentation, and observations made on the day of the visit, have been recorded at the end of this report.

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:

None

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by 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. It 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. Those Regulations which CSSIW believes to be key in bringing about change in the particular service 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 CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

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

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

- Staff had attended specific infection control training and had access to appropriate protective equipment.
- Communal areas of the home were noted to be clean particularly toilets and bathrooms which had appropriate washable surfaces.
- The home had not received any complaints or concerns in regards to cleanliness or management of infections.

What does the service do well?

- The inspector was aware that the Registered persons reviewed the environment on a daily basis.
- Feedback from service users and relatives/representatives indicated that a homely comfortable friendly atmosphere/environment was maintained despite the requirement to ensure attention to infection control practices.
- The home had developed a specific facility to more appropriately manage the needs of service users who required assistance with continence. This had not only impacted positively on the limitation of cross infection risks but also service user's privacy and dignity.
- At the time of the visit the home was noted to be clean, tidy and odour free.
- There was a process of ongoing renewal and refurbishment with the Registered persons investing in the internal and external building.

What needs to be done to improve the service?

a.) priorities

No regulatory requirements were made.

b.) other areas for improvement

The Registered persons had already identified a need to implement a robust process of audit specific to infection control. With this in mind they had sourced an appropriate risk assessment tool based on good practice guidelines. This was yet to be implemented,

however, the Registered persons proactive approach was noted.

A hand washing sink was required in the newly developed changing room.

Inspection methods

- Review of Self-Assessment Documentation provided prior to the inspection visit.
- Representative questionnaires.
- Staff questionnaires.
- Wider discussions with service users.
- Wider discussions with relatives.
- Wider discussions with staff.
- Case tracking.
- Direct observation.
- Environmental review.
- One unannounced inspection visit.

Quality of care and treatment

Inspector`s findings:

At the time of the inspection visit the home was not managing any infectious conditions.

It was noted that mattresses were appropriately covered with waterproof covers. There was a programme of routine cleaning and replacement.

The homes policies/procedures specific to care delivery and nursing practice reflected best practice guidance.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Staffing

Inspector`s findings:

Self- assessment documentation indicated that all staff had undertaken specific infection control training.

Staff were observed wearing disposable aprons and gloves when appropriate.

Staff were observed to be wearing appropriate uniforms.

There were dedicated cleaning staff and laundry staff appointed.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Conduct and management of the home

Inspector`s findings:

The home had specific policies and procedures in relation to the management of infection control and the prevention of cross infection.

The internal quality assurance processes included a review of the premises on a daily basis. Any areas of concern identified were dealt with based on a priority of need.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Concerns, complaints and protection**Inspector`s findings:**

In specific relation to infection control there had not been any complaints or Protection of Vulnerable Adult referrals made since the last inspection episode.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

The physical environment

Inspector`s findings:

The home was noted to be clean, tidy and free from odour.

All service users accessed their own toiletries.

As a means of more appropriately managing service users with continence needs a room had been developed, off the main day space, which contained a suitable space to hoist service users onto a bed. Whilst this facility was a positive move forwards in respect of meeting service users needs in a dignified manner , it required further development with the installation of a hand washing sink. This action was agreed and it was indicated that it would be achieved as a priority.

Staff had access to a sluice facility for the appropriate management of commodes.

The laundry facility housed appropriate equipment, and there was evidence of appropriate management of soiled and dirty laundry with the area being segregated into a clean and dirty area. Staff had access to hand washing facilities which was separate to the sluicing sink.

The use of pedal bins for all waste products was discussed and it was agreed that these would be provided in areas of risk.

Staff had access to appropriate liquid soap and paper towels in communal bathrooms, toilets and service user`s bedrooms.

The inspector noted hand washing posters were clearly noticeable in communal toilets/bathrooms/sluices/laundry room/treatment room.

Staff had access to an appropriate array of cleaning products that were stored in individual dispensing containers that were wall mounted for ease of use.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None