

# **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 – 1<sup>st</sup> September 2011**

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**Care and Social Services Inspectorate Wales**

South East Wales  
 6th Floor  
 Civic Centre  
 Pontypool  
 Torfaen  
 NP4 6YB

01495 761200

01495 761239

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
Dates of this inspection episode from:	01 April 2011 to: 31 March 2012
Dates of other relevant contact since last report:	Unannounced inspection visit -12 July 2011
Date of previous report publication:	13 August 2010
Inspected by:	Louise Powell

## Introduction

Thomas Gabrielle Nursing Home is situated on the outskirts of the town of Cwmbran, located close to local amenities.

The registered providers were Ms Gwyneth Virgo and Mrs Nanette Virgo.

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

Mrs Virgo was supported in her management role by the clinical lead who had delegated roles and responsibilities specific to the 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 side/rear.

At the time of the inspection visit building works, associated with the development of the home to include separate dementia care provision, was underway. Health & Safety measures were in operation.

## Summary of inspection findings

The registered persons were accessible to service user, relatives /representatives and staff.

The daily routines were flexible and varied to suit service user expectations, preferences and capacities.

The environment, specifically communal areas were pleasantly and appropriately furnished. An ongoing programme of renewal/replacement focused on areas of priority.

The home had forged strong links with members of the primary health care team.

On the day of the visit the home was noted to be clean, tidy and odour free. Wider discussions with service users and relatives confirmed that this was always the case.

Service users who were spoken with at the time of the visit were very complimentary about the service delivered and staff team.

## **What does the service do well**

The atmosphere on the day of the inspection visit was noted to be calm and relaxed. Staff appeared friendly and welcoming. Wider discussion with service users and relatives/representatives confirmed that there was always a homely welcoming atmosphere.

There was a stable staff team which contributed to the general atmosphere and enhanced continuity in care provision.

There was an ongoing programme of renewal and refurbishment based on priority of need.

Emphasis was placed on staff development through training and development programmes.

## **What has improved since the last inspection?**

The registered persons had continued to place emphasis on the development of the activity programme. Additional activity staff had been employed to assist with access to the community. The registered persons indicated that service users views were sought in regards to the activity programme.

## **What needs to be done to improve the service?**

### **a.) priorities**

No regulatory requirements were made.

### **b.) other areas for improvement**

Discussions around care documentation highlighted areas of improvement and development that would facilitate a more detailed account of actions taken to meet the needs of service users.

The need to develop and improve existing bathroom/shower facilities was highlighted by the registered persons as a priority within the homes development plan.

The provision of a separate hand sink in the "changing room" was something that had been discussed on previous inspection visits as being important to minimise the risk from cross infection. The registered manager stated that the initial cost involved had been explored and it was anticipated that the sink would be fitted as a priority.

## **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 that was provided prior to the inspection visit.
- One unannounced inspection visit.
- Case tracking.
- Discussions with service users.
- Discussions with staff.
- Discussions with 3 relatives.
- Review of 1 professional questionnaire.
- 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.

**Choice of home**

**Inspector`s findings:**

The statement of purpose and service user guide was readily available. Both of the documents set out details of the services offered at the home providing clear information for prospective service users. An ongoing process of review was implemented to ensure accuracy in the information included.

Pre- admission assessments were undertaken in order to determine the home’s capacity to meet the individual needs of 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:**

None at this time.

## Planning for individual needs and preferences

### Inspector`s findings:

A review of three service users' care documentation was undertaken and the following observations were made:-

Information was organised and structured.

Implementation of recognised assessment, and risk assessment processes, was noted. Although the importance of reviewing risk assessments promptly as assessed needs changed, to ensure appropriate care was provided, was agreed as a practice that required implementation consistently.

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.

It was noted that supplementary documentation such as oral care provision was not consistently completed.

In those care files reviewed it was noted that some of the complex issues, including how staff were managing them, was not consistently recorded. In wider discussion with the registered manager and clinical lead it was confirmed that staff appeared to know how complex needs were being met.

The home managed the majority of records in line with the Data Protection Act 1998. There were instances however, where service user information was openly accessible such as supplementary care documentation which was seen on the dining room table, bath/continence products & name of hoists lists inside toilets off the main lounge. Also the practice of writing the names of service users who wanted to visit the hairdresser, on the notice/menu board in the dining room was to be considered in the interest of maintaining service user's privacy/dignity.

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

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### New requirements from this inspection:

Action required	Timescale for completion	Regulation number

**Good practice recommendations:**

The registered persons are to ensure that all care documentation completed reflects accurately and fully how health & social care needs were met.

The registered persons are to ensure that the management of information maintains service user's confidentiality, privacy & dignity.



## Quality of life

### Inspector`s findings:

The inspector observed interaction between service users and staff, and it was noted that their needs/requests were managed in a calm and dignified manner.

The inspector observed the morning routine and the serving of breakfast. It was noted that a number of service users had been sat at the dining table for a period of up to one hour before being moved away from the table. One service user said that "they had been sat there since 7:30 am ". This was at 10:00 am. This practice was discussed at the time with the registered persons and it was agreed that the morning routine would be reviewed.

Service users who were spoken with were complimentary about staff attitude, the food quality/choice, and their own bedrooms. One service user stated that "staff were lovely" and that "food was lovely". When asked about their bedrooms they indicated that "my room is comfortable & clean".

Wider discussion with relatives highlighted many positives. One relative indicated that staff were "kind, caring & approachable". It was confirmed that they were always made to "feel welcome". They also indicated that they was aware of the "key worker system and had been involved in the plan of care". Another relative stated that "the management was very approachable" and that "they did not have any problems at all ". Both confirmed that if service users were unwell "monitoring was ongoing" and that "they were kept informed of any changes". One relative commented that they felt "the home was very good, well run and provided the best care".

On review of a random number of care file documentation, it was identified that a record was made of individual social histories. Observed interaction between staff and service users was noted to be open and friendly.

There was a planned programme of activities and events. Information was located on a notice board in the main foyer. An attempt had been made to establish service users past histories, interests and hobbies and where practicable these were catered for. Further ongoing development of the programme had included the appointment of an activity co-ordinator whose responsibility was to assist service users to access the wider community.

All of the three relatives spoken with confirmed that activities were very good and that the activity co-ordinator attempted to stimulate most, if not all, of service users. It was also indicated that invites to join in activities were often given and any involvement was always appreciated.

At the time of the visit building works, associated with the development of the home to include separate dementia care provision, was underway. Health & Safety measures were in operation. Unfortunately the need to restrict access to the area had impacted on the availability of outside recreational space. Wider discussion with service users had indicated that some had missed the opportunity to sit outside in the gardens. Although they did confirm that the "noise" had not been too disruptive.

Service users were encouraged to personalise their individual accommodation with their

own possessions, which was evidenced during the visit.

A monthly newsletter was generated and this was used as a process of keeping service users and relatives informed of planned key events. Information on how to access the homes website was also openly accessible.

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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 at this time.

## 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.

Review of one professional questionnaire indicated that generally all aspects of service delivery observed were of a good standard.

A review of service users' care documentation 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 majority of beds provided were profiling in design with integrated bedrails. However, there were a small number of metal hospital beds still in use. In discussion with the registered manager it was confirmed that replacement of the older style beds was a rolling programme that was ongoing.

The inspector had opportunity to observe the lunchtime meal. It was noted that the tables were appropriately laid. 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.

It was noted that the use of a flat screen TV in the dining room to display relaxing/calming pictures and music at mealtimes was offset by the use of the large flat screen TV in the adjoining lounge which remained on despite most service users being sat at the tables.

The management of medications was not reviewed at the time of the visit. However, the inspector observed that two medication trolleys were stored in a small lounge area off the main lounge. It was not clear whether the temperature of the room was monitored and maintained at an appropriate level for the safe storage of medications. It was also noted that a number of liquid medication had been poured and was sat on top of a radiator waiting to be given to service users. It was confirmed that internal audit processes were implemented and these included all aspects of the management of medications and it was agreed that both observations would be monitored/reviewed as part of those processes.

Review of 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. Direct observation and wider discussion with staff members confirmed the above.

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. This documentation was not viewed at the time of the visit.

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

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**Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

None at this time.

## Staffing

### Inspector`s findings:

At the time of the inspection visit, the number and skill mix of registered nurses and care staff was appropriate to the number and needs of service users accommodated.

A review of three staff personnel files was undertaken. It was noted that despite there being appropriate recruitment policies/procedures in place, in two instances there was gaps in required information specific to ensuring access to appropriate references from the last known employer. It was agreed that gaps in information would be resolved and any difficulties in sourcing references would be fully documented in personnel files. In discussion it was also agreed that the interview record documentation could be more robustly completed to evidence the decision making processes.

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.

As previously identified the investment in staff training had continued and a planned and structure approach was being implemented in respect of statutory and extended training requirements and opportunities. The ongoing development and focus was to include the management of challenging behaviour. It was also confirmed that the National Vocational Qualifications [or their equivalent] were accessed at level 2 and 3.

Wider discussion with some of the staff on duty during the inspection visit confirmed attendance at training sessions that was appropriate to their roles and responsibilities. Those staff who were spoken with confirmed that they felt supported by the management structure.

### 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:**

The registered persons are to ensure that robust policies/procedures specific to staff recruitment are followed at all times. Where there has been incidences where there has been difficulty in obtain information, reasons are to be clearly documented in staff files.

## 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 to undertake her role and responsibilities.

During the visit the inspector noted the friendly, homely atmosphere, which facilitated open communication between the training development officer, staff members and service users. Those relatives/representatives spoken with stated that "staff were always approachable".

It was noted that the management approach, was open, positive and inclusive. With an "open door" approach, the registered persons attempted to maintain a transparent and collaborative environment.

The registered persons confirmed that there was a process of quality assurance review and audit. This also included visits undertaken by the registered provider under regulation 27 of the Care Homes (Wales) Regulations 2002, and associated amendments in 2006, which ensured an overview of the service provision was sought.

A copy of the home's development plan was not available for review. However, in discussion with the registered persons it was confirmed that refurbishment/renovation was undertaken based on a priority of need. It was confirmed that key areas, like service users' bedrooms and toilet/bathroom facilities would be the focus.

Financial procedures, including the management of service users' monies, were not reviewed at the time of the inspection visit.

### 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:

None at this time.

## Concerns, complaints and protection

### Inspector`s findings:

A complaints policy/procedure was openly accessible. It was also noted that records were maintained of all complaints made, including outcome and feedback given.

The home had internal policies and procedures specific to the protection of vulnerable adults and Deprivation of Liberties Safeguards (DoLS). These were supplemented by access to the All Wales policy and guidance on the Protection of Vulnerable Adults.

It was evident from the training records that all staff had undertaken protection of vulnerable adult training. This had included the principles and practice associated with deprivation of liberties.

The home did not feel that they were restricting the liberties of any service users accommodated at the time of the visit and had not made any application since the Deprivation of Liberties Safeguards legislation had come into force.

Since the last inspection visit there had been 3 complaints managed internally through local resolution. There had been no referrals made Local Authority in respect of protection of vulnerable adults.

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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 at this time.



## **The physical environment**

### **Inspector`s findings:**

A full review of the environment was not undertaken however, in walking around the home the inspector was able to make a number of observations.

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

There was one bedroom that had the potential for double occupancy.

One bedroom had two windows, one of which had frosted glass. The impact on the service user is to be assessed and a replacement facilitated if required.

The majority of bedrooms had en-suite facilities. Access to some were noted to be restricted and it was indicated that most of the toilet facilities were not used. The registered manager confirmed that development of the facilities would be an on going process. This would be factored into the overall development of the home.

Further development of bathroom/toilet and shower facilities was confirmed as an area that was highlighted as a priority of need on the development plan.

Furnishings and lighting were noted to be domestic in character and of acceptable quality. Areas of the home, which included private and communal space, required attention in respect of replacement of carpets, furniture and fixtures. As already indicated, the registered manager stated that there was an ongoing programme.

A small number of radiators required protection to ensure the risk of injury was minimised. It was agreed by the registered persons that this would be facilitated as a matter of urgency.

Evidence of personalisation of individual accommodation was noted and it was confirmed that a programme of refurbishment was based on an assessment of need and priority.

At the time of the inspection visit, communal areas of the home were noted to be clean, tidy and odour free. Wider discussions with service users and relatives/representatives established that this was always the case. Two relatives spoken with confirmed that they did not have any concerns regarding bedrooms.

The inspector noted the availability of equipment, aids and adaptations which included wheelchairs, grab rails, hoists, pressure relieving cushions, assisted shower, bath hoist, raised toilet seats and nurse call system.

Storage space for large pieces of equipment such as hoists was restricted. The registered persons confirmed that they had consulted with the South Wales Fire & Rescue Authority specific to safe practices in respect of the location for storage of equipment which included the charging of batteries.

Separate sluice facilities were available for the management of commodes.

Appropriate laundry equipment and processes were implemented in respect of managing the risk of cross infection.

**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:**

The registered persons are to seek appropriate advice re the storage of hoist & batteries in corridors from the appropriate authority. This is to ensure fire exits are not unnecessarily obstructed.

The registered persons are to ensure that all hot surfaces that pose a potential risk to service users are appropriately protected.

The registered persons are to replace the frosted pane of glass in one bedroom if the service user finds it restricted.

### 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](http://www.cssiw.org.uk)

