



## **Care and Social Services Inspectorate Wales**

### **Care Standards Act 2000**

#### **Inspection Report**

#### **Thomas Gabrielle Nursing Home**

20 Victoria Street  
Old Cwmbran  
Cwmbran  
NP44 3JP

**Type of Inspection – Focussed**  
**Date(s) of inspection – 20 February 2013**  
**Date of publication – 15 March 2013**

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## Summary

### About the service

Thomas Gabrielle Nursing Home is operated by Virgo Care Homes Limited. There is a nominated responsible individual to represent the company. The registered manager is Ms Nanette Virgo. The home is registered to provide accommodation for 43 persons who require nursing or personal care.

We (CSSIW) undertook a scheduled, unannounced, focussed inspection on 20/02/13. Areas we looked at as part of the inspection included consideration of issues within the areas of quality of life, service users care planning and risk assessment.

### What type of inspection was carried out?

The information for this report was gathered from the following sources:

Conversations with residents, relatives and staff who worked at the home.

The review of information held by CSSIW about the service which included the home's self assessment of service data (SAS) completed by the registered provider.

Observation of daily life and care practice at the home.

Examination of two residents' care files to determine how risk and care assessments were translated into care plans, and how the care plans impacted directly on outcomes for them.

Observations relating to the environment provided for the people living at the care home.

The Short Observational Framework for Inspection (SOFI2) was used to gain a further understanding of the quality of life of service users in terms of stimulation and interaction.

### What does the service do well?

A homely, friendly atmosphere

Staff demonstrated a very good knowledge of the residents and their needs

Service users and relatives provided excellent feedback in relation to the quality of care provided and the calibre of staff and manager

Proactive and responsive approach to improving the quality of care and care

### What has improved since the last inspection?

Ongoing decoration of the home

New garden areas and patio

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

No non compliance notifications were issued.

Improvement were required regarding:

How individual choice can be promoted for people with complex needs living at the home with regard to daily routines.

The timing of meals should be reviewed to ensure that flexibility is offered in terms of timings to ensure nutritional status is not compromised for specific individuals.

## Quality of life

We (CSSIW) found that people who resided at Thomas Gabrielle Nursing Home were able to exercise their rights and were observed to be treated with respect and dignity. Staff support was observed to be provided in a friendly, caring and relaxed manner. We found that staff knew individuals very well and health needs would be addressed. There were concerns re-the flexibility and choice for some people who had more complex needs regarding their daily routines.

Feedback from relatives and residents confirmed high satisfaction with the quality of the care they received. Residents spoken with told us that they were happy living at the home and staff were kind and caring. Relatives told us that they could visit anytime. We observed a 'quiet room' available for visitors and residents with 'small touches' such as fresh coffee available and a television which had access to children's TV programmes, so young visitors could be entertained, which promoted an inclusive and homely atmosphere. Relative's comments included:

*"I could not have wished for my mum to be in a better home"*

*"Staff are very nice, nothing is too much trouble"*

*"They always let us know if they have concerns and they have an open door policy"*

*"Exceptional staff, genuinely caring".*

Residents could have confidence that their health needs would be met. Referral systems were in place to access specialist or medical support. All service users were registered with a local general practitioner (GP) practice and were supported to access a wide range of health and social care professionals, including mental health professionals, optician, dentist and social workers and there was evidence of good working relationships with a range of multi disciplinary professionals.

People using the service were able to exercise choice over their meals and generally benefitted from a healthy diet. However, individual residents could not always have confidence that at specific times of the day, their choices with regard to daily routines such as times of getting up, times of eating and being supported to move from the dining room to the lounge area (and comfortable chair) would be addressed. Staff appeared very organised and were very clear about their job role and responsibilities that morning; however the high support needs of specific individuals indicated that staff were not able to address individual needs in a timely manner. Residents told us that staff worked very hard and they understood that with so many people who needed support, the reasons why there were some restrictions. Our observations included:

Residents who were able to eat and drink independently were offered their breakfast as soon as they arrived in the dining room. They were offered choice and staff clearly knew their individual likes and dislikes. Residents who had more complex needs and required assistance had to wait until the designated staff member in the dining room was available. For one person this meant they had to wait for an hour and a half.

We saw several residents with complex needs having breakfast after 10:00 hours and one as late as 10:40. There was only one meal sitting for lunch and for those people who breakfasted late this would impact on their enjoyment and

nutritional intake of the lunch time meal, as the timing of the meal was fixed at 12:30hours. Although residents could request to have breakfast in their rooms, staff could not tell us if these people had been asked re- where was their preference for eating that morning. Choosing to eat breakfast prior to having personal care undertaken could alleviate the wait for breakfast.

At 10:00 hours 4 residents were seen sleeping at the dining room table, waiting to be moved to the lounge area. One person had been at the table since 08:20 hours when we arrived; she appeared uncomfortable in her wheelchair and was finally moved to a comfortable chair at 10:05hours when staff were available.

The more able residents expressed satisfaction with the activity provision in the home. The home employed a designated activities coordinator and there was a planned programme of activities and events. This also included the support of an activity co-ordinator whose responsibility was to assist service users to access the wider community. During our morning visit there were no organised activities. We observed the more able service users watching television, reading and chatting amongst each other and visitors. For others who could not express their individual needs, there was very little communication/stimulation throughout the busy morning period, other than when a task was performed by staff. We saw residents looking around but quickly becoming withdrawn and falling asleep as there were no distractions.

Residents waiting long periods of time to be moved from the dining table was a concern of the last inspection. The registered manager said that the home had identified their were issues around the breakfast timings and staff availability and that they were reviewing staff routines and the promotion of residents taking breakfast in their rooms if that was their choice. We advised that no non compliance notifications would be made on this occasion; however there was an expectation that the concerns would be addressed and they would be a focus of the next inspection.

## Quality of staffing

This was a focussed inspection and the quality of staffing was not looked at during this inspection, but will be considered at future inspections.

## **Quality of leadership and management**

This was a focussed inspection and the quality of leadership and management was not looked at during this inspection, but will be considered at future inspections.

## Quality of environment

This was a focussed inspection and the quality of the environment was not looked at during this inspection, but will be considered at future inspections.

**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

**Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

**Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.