

# **Care and Social Services Inspectorate Wales**

Care Standards Act 2000

**Inspection report  
Care homes for older people**

**Thomas Gabrielle Nursing Home**

Thomas Gabrielle Nursing Home  
20 Victoria Street  
Old Cwmbran  
Cwmbran  
NP44 3JP

**Date of publication – 21 August 2009**

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**Care and Social Services Inspectorate Wales**

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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:	17 April 2009 To: 10 July 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	17 December 2008
Inspected by:	Sarah Glynn-Jones
Lay assessor:	None

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

## Overall view of the care home

Information taken into consideration when writing this report was taken from the following sources:

- Two visits to the home, one announced and one unannounced
- Self assessment information submitted by the registered persons
- Discussion with the registered persons, the clinical lead and staff employed at the home
- Discussion with service users
- Discussion and information from questionnaires returned by relatives (five issued 3 returned)
- Staff questionnaires (15 issued 4 returned)
- Visual inspection of the premises and documentation maintained by the registered persons

The home is registered to provide nursing and personal care for up to 40 older persons.

Information about the home was available to potential service users to make an informed choice whether to move in.

Documentation provided a template for assessment, care planning and review and this was observed to be well maintained and reflective of the needs of individuals, additional confirmation of the quality of this was provided by a visiting health professional.

Service users and relatives were particularly complementary regarding the recreational opportunities provided at the home.

The home had a robust recruitment process and systems were in place to ensure that staff had the necessary skills to undertake their role. This included supervision and appraisal and ongoing training.

The registered persons had developed a cycle of audit and review within the home and this was used to inform practice and develop services.

The majority of feedback for service users and relatives was positive; recommendations were made to review opportunities for staff to develop how they interact with service users.

The premises were suited for the homes purpose and provide a homely atmosphere with additional equipment having been sought to meet specialist individual needs. A recommendation was made to ensure that staff identify areas for maintenance to the appropriate person.

**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.

Needs assessments were undertaken prior to service users being offered accommodation at the home and records of these were present in service user files. Confirmation that individual`s needs could be met by the home was provided in a letter to service users and/or their representatives and copies of these were available at inspection.

Staff employed at the home had a range of skills and experience and had undertaken additional training to meet the needs of service users accommodated.

Service users and their representatives who met with the inspector indicated that they had been able to visit the home before deciding to move in.

**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:

A sample of four service user records was examined. Documentation provided a template for assessment of service user's health, personal and social care needs and care plans in the records examined reflected the needs identified by the assessment process.

These were consistent with local authority plans, the most recent review of which was maintained in the records.

Care plans provided a clear guide on which staff could base their care and evidence of regular review was present although some of the amendments made to update plans had not been dated. This was brought to the attention of the clinical lead nurse and the registered manager during the inspection.

Records included a high number of care plans although these reflected the complex needs of service users this should be monitored to ensure that care planning and review remains a user friendly process for staff and service users.

A visiting professional undertaking service user reviews provided positive feedback regarding the clear record keeping and review of care at the home.

A check list for audit had been developed and additional information identified in the most recent audit for inclusion in a record was observed to have been put in place.

Evidence of service user and/or their representative's participation in care planning and review was available in the records.

Secure storage for records was available.

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### Good practice recommendations:

Ensure that updated information in care plans is dated to provide a clear guide to the care identified to meet individual's needs.

## Quality of life

### Inspector`s findings:

Records examined contained a 'life history' for each service user to provide information for staff regarding personal preferences as well as a promoting a person centred approach to care.

Service users spoken with said they were supported in exercising choice in their everyday lives times.

An activity co coordinator was employed at the home and a range of recreational opportunities were available to service users. These included one to one and group activity, these were publicised within the home. Relatives and service users were complimentary regarding the entertainment and activity organised within the home and service user`s spoken with during the inspector`s visits said that they enjoyed the activities available to them.

Opportunities for trips out were available and two service users discussed accessing local shops and amenities.

Service users and their relatives confirmed that an open visiting policy is in operation and that they were able to entertain visitors within their own rooms or the 'quiet' sitting room.

Self assessment documentation completed by the registered persons stated that local input was sought to ensure service users were supported in their religious needs.

Two service users stated they had been supported to exercise their right to participate in the political process accessing postal votes for elections.

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### Good practice recommendations:

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## Quality of care and treatment

### Inspector`s findings:

Service users spoken with at the inspection confirmed that they were treated with respect for their privacy and dignity and during the inspectors visits to the home staff were observed to interact with service users in a pleasant and respectful manner.

Clinical care provided at the home was managed by the deputy who is a registered nurse and responsibility for individuals care is led by named nurses supported by care staff.

Records pertaining to service user`s healthcare provided evidence of assessment of health needs and this included risk of pressure damage, nutritional screening and risk of falls. Assessments were reviewed regularly and care plans developed to reflect risks identified. Monitoring in relation to risk had been undertaken for example records of nutritional intake were present and had been reviewed by the registered nursing staff.

Equipment for promotion of tissue viability was available.

Evidence of additional specialist input was present for service users with complex nursing needs. A health care professional present at one inspection visit provided positive feedback regarding the care delivery.

Service users were able to access dental, audiology, chiropody and optician services as well as being supported to access hospital appointments.

The lunchtime meal was observed on the inspectors visit, service users stated that they enjoyed the food and choices available to them. Staff were observed to assist service users sensitively with their meals where required.

Medicines management was not examined at this inspection visit.

Self assessment documentation submitted by the registered persons indicated that checks relating to the premises, equipment and services had been undertaken.

Staff training in core safe working practices was covered within the induction and training programme and updates were ongoing.

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**Good practice recommendations:**

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## Staffing

### Inspector`s findings:

The inspector examined processes in place for recruitment and management of staff at the home. Staff with a range of qualifications were employed, this included registered nurses and care staff with additional training.

Copies of the homes rota were available and these set out staff on duty and indicated a skill mix was maintained to meet the needs of service users. Two of the relative questionnaires returned indicated that they felt not enough time was available for staff to spend with service users. Service users and relatives spoken with at the inspection indicated that staff were 'busy'. However positive feedback was received regarding staff attitude and care.

Domestic staff were present on the days of inspection and the home was observed to be maintained in a clean and hygienic state.

Personnel files for recently employed staff were examined and these were well maintained with an audit checklist to record the information held on file. Information present confirmed a rigorous recruitment procedure and all information required by the regulations was available.

Systems were in place for renewing criminal record bureau check for all staff employed.

Staff training was monitored and updated on an overall matrix and information provided by the registered persons indicated that core training had been completed and updated. Training was sought form external providers as well as internally from accredited staff at the home. However some gaps remained for training in adult protection although this had been covered in staff induction. The manager stated that the local authority had stipulated that as a contractual arrangement the home should access local authority adult protection training but registered manager had difficulties in accessing places for staff.

Staff confirmed they had been supported to access national vocational training in care and this was ongoing.

Registered nursing staff spoken with during the inspection confirmed they had accessed additional training courses and updates for their clinical practice to maintain their registration.

A structure for supervision and appraisal was in place and staff indicated that they were supported by senior staff and managers to undertake their role.

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**Requirements which remain outstanding:**

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**New requirements from this inspection:**

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**Good practice recommendations:**

Consult with staff, service users and relatives to develop opportunities for staff to interact more with service users.

## Conduct and management of the home

### Inspector`s findings:

The registered manager had had the qualifications and experience suitable to undertake her role. The registered manager confirmed that she had continued to update her knowledge and skills in relation to the day to day management of the home.

The manager was supported by a deputy, a registered nurse who took the lead role in clinical care within the home.

Clear lines of accountability existed at the home. The manager and deputy were aware of their roles and specific individual responsibilities for the ongoing self monitoring and improvement within the home.

Both staff and service users were aware of the management structure and confirmed that they felt able to approach senior management if they had any concerns.

An effective system for monitoring quality within the home was in place, this included scheduled audit and actions taken in response to audit were evident at the inspection. A programme of clinical audits was available and copies of these were made available to the inspector. One audit had identified areas for improvement and the deputy discussed the changes made to the service in response to this.

Feedback was sought from service users and relatives in annual satisfaction questionnaires as well as regular meetings.

Policies and procedures were reviewed and updated.

Financial procedures were not examined at this inspection.

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### Good practice recommendations:

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**Concerns, complaints and protection**

**Inspector`s findings:**

A complaint policy and procedure were in place and these had been reviewed. The complaint procedure was made available to service users on admission to the home. Discussion with service users and relatives indicated that they were aware of the procedure for complaints although they had not had reason to use this. No complaints had been received by CSSIW regarding the home since the last inspection.

Policies and procedures were in place protect vulnerable adults form abuse and staff had had training on their induction regarding this. Additional training had been provided to staff and the manger continued to seek this from the local authority (refer to staffing section of this report).

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**Good practice recommendations:**

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## The physical environment

### Inspector`s findings:

Service users and their relatives confirmed that they were satisfied with their accommodation. Rooms visited by the inspector were observed to be spacious and furnishings met with the recommendations of the national minimum standards, these had also been personalised with individual's belongings.

Communal areas included lounge areas and a lounge /diner. These were furnished in a homely style and were observed to be decoratively well maintained. All areas visited were well lit.

Toilets were accessible form the main communal areas.

Service user's accommodation was en suite and additional bathrooms and shower rooms were available. Specialist equipment was observed in the bathrooms for assisted bathing.

A range of adaptations and equipment were present to assist with service user's mobility and independence. This included specialist beds and mattresses, moving and handling aids grab rails and raised toilet seats. A passenger lift provides access to the first floor.

A garden area was accessible to persons with mobility aids and service users described enjoying sitting outside.

Two areas for maintenance were observed on the inspection visit and these were brought to the attention of the manager who immediately referred these for repair. The registered persons must ensure that staff are reminded of the homes procedures for maintenance.

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### Good practice recommendations:

- Ensure that staff report damaged equipment for repair to the designated persons responsible for maintenance within the home.