



Inspection Report on

Thomas Gabrielle General Nursing & Dementia Residential Home

**Victoria Street
Cwmbran
NP44 3JP**

Date Inspection Completed

26/01/2023

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About Thomas Gabrielle General Nursing & Dementia Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Virgo Care Homes Ltd
Registered places	73
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service following registration under The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Thomas Gabrielle General Nursing & Dementia Residential Home provides services to people in two separate properties. People are settled and comfortable and the atmosphere is calm and relaxed. People told us they are happy with the care and support they receive and value the staff who work at the service. Each facility has its own manager and staff team who are trained to meet individuals needs and provide familiarity and consistency. People are offered a range of activities. Friends and family can visit when they wish. The responsible individual (RI) is visible and supports the managers with the running of the service. We have issued the service provider with areas of improvement in relation to people's personal plans and staff recruitment and expect action to be taken before our next inspection.

Well-being

People are treated with dignity and respect. Staff are familiar to individuals and support them sensitively and with compassion. Relatives praised the standards of care and support

provided to their loved ones. We saw positive engagement between staff and residents who are attentive to their needs. People told us, *“Care is professional and timely nothing is too much trouble.”* *“My relative is well looked after in a pleasant environment.”* *“Friendly and supportive staff team and a welcoming atmosphere.”*

People are encouraged to make everyday choices that affect their lives. People’s personal plans direct care workers to provide care and support in a way they prefer. Reviews of people’s personal plans are conducted and reflect changes in an individual’s care and support needs. We saw little evidence residents, or their relatives are involved in the reviews. The service provider has identified this shortfall and meetings with relatives for future reviews have started.

People’s wellbeing is considered. The service works collaboratively with healthcare professionals to promote the health and wellbeing of individuals. Risk assessments support care workers to deliver care by identifying and mitigating health risks. We identified an individual’s risk assessment needs strengthening to support them achieve positive wellbeing. The meal experience was relaxed and positive with individuals being sensitively supported to eat and drink. Once a month, people living in the dementia service can take advantage of the kitchen being turned into a fish and chip shop. Residents look forward to this experience.

People are protected from harm and abuse. Accident and incidents are monitored. The manager’s report incidents to the relevant agencies. Systems are in place to manage complaints. Arrangements are in place for individuals who may be unable to consent to care and support. Staff recruitment practices need strengthening to further protect vulnerable people living at the service.

People are supported to do things that matter to them. A timetable of activities was on display that included communal activities, visiting entertainers and pet therapy. A hairdresser regularly visits the service and we saw ladies enjoying a pamper session. Individuals are supported to go on shopping trips and days out. Relative’s meetings provide an opportunity to discuss future events.

People live in a service that is clean, comfortable, and safe and supports them to achieve their wellbeing. The service provides accommodation to individuals living with dementia and or nursing needs in separate facilities. Routine health and safety monitoring ensures the safety of the environment.

Care and Support

Individuals can feel confident the service provider has an up to date, accurate plan for how their care is to be provided. The service uses an electronic document management system. Each plan is person centred and includes individual’s likes, dislikes, preferences, and social

history. People are supported to access healthcare services to maintain their health and wellbeing. Individual monitoring supports timely referrals to healthcare professionals.

Personal plans do not identify outcomes for people, as such they are not being reviewed to gauge if they are meeting people's personal outcomes. The regulations require plan reviews consider the extent to which the individual is able to achieve their personal outcomes. Although, we didn't see this reflected in people's care documents we did see examples of this happening in practice. Such as one person who likes to listen to Elvis and another planting daffodils. This is an area for improvement, and we expect the provider to take necessary action.

Personal plans do not always fully consider steps to mitigate risks to the individuals and others wellbeing. We found for one person there was no risk assessment in place despite two incidents linked to their behaviour. We were unable to ascertain what, if any measures had been put in place to mitigate the risk of reoccurrence. Staff need to be directed how to adopt strategies to achieve positive wellbeing for this person and others. This is an area for improvement, and we expect the provider to take action.

There are safe medication management arrangements in place The service uses an electronic system to oversee and audit medicine management. Staff receive medication training to ensure they are competent. Peoples' personal plans set out how each individual prefers to take their medication. The service has regular internal medicine checks in place. External audits are provided by the pharmacy. We discussed the high temperatures recorded in the medication room in the dementia service where medicines are stored and its management.

Environment

People live in a comfortable, clean, and safe environment. Both properties have adopted dementia friendly approaches to stimulate people and increase their independence. The environment is homely, light, and bright. People's rooms are personalised with photographs and keepsakes that promote a sense of wellbeing. Memory boxes are set up outside each person's room as a way of stimulating enjoyable memories. Orientation boards in communal areas provide the day, date, and weather to navigate individuals to the correct place and time. Signage and information boards promote individuals having more control over their lives. Both properties have access to a garden area which residents can enjoy in the warmer weather.

Maintenance staff are responsible for routine health and safety checks and the upkeep of maintenance records. The service provider plans to address actions from the last South Wales Fire and Rescue visit. Staff have completed fire and evacuation training. Individual personal emergency evacuation plans (PEEPS) are in place for each person in case of an emergency. There is an on-going repair and renewal programme for the service with areas in both properties have been earmarked for redecoration. During our inspection, we noted areas that needed to be addressed.

The service promotes hygienic practices and manages risk of infection. Policies and procedures are in place and take into account of current legislation and guidance. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. The dementia unit has a food standards agency (FSA) rating of 5 which defines hygiene standards as very good. The manager of the nursing home advised she is liaising with the environmental Health team for a future FSA visit.

Leadership and Management

There are governance arrangements in place to support the smooth operation of the service. Each facility has its own manager who is responsible for its day to day running. Both managers are registered with Social Care Wales. Management is visible and engaged in the running of the services. People told us they have good relationships and lines of communication with managers who keep them updated about their loved ones.

The RI has good oversight of the service. He completes routine dependency audits to ensure there are sufficient staff to meet the needs of people accommodated. The RI has completed a formal three-monthly visit to the service and provided a report to CIW. This involves consulting with people to gain their views and opinions of the service. Six-monthly quality of care reviews of the service have been conducted from which improvements have been identified and actions earmarked for implementation. Routine audits are conducted for all aspects of the service.

Staff recruitment and vetting arrangements need to be strengthened to safeguard people living at the service. We looked at newly appointed staff personnel files. Pre-employment checks are completed in the form of a disclosure and barring (DBS) check and references sought. We found checks need to more robustly applied to be able to make a decision about the appointment of an applicant. This includes checking gaps in an applicant's employment histories and reasons for them leaving their previous employment. This is an area of improvement, and we expect the service provider to take necessary action.

All staff are subject to an induction and probationary period. Arrangements are in place which monitors staff training compliance. Staff are trained to perform their duties. Staff have access to e-learning and each staff member has a training account to maintain their skills and practice. Care workers apart from those newly appointed are registered with the social care regulator, Social Care Wales. Staff supervision is conducted regularly. Staff meetings are on-going to update the staff team. Staff told us, *"It's a rewarding job and we are supported."* *"Proud to work at the service. Trust colleagues and management to put the needs of people first."* *"Feel supported by management."*

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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15	People's plans do not record how the person will be supported to achieve their personal outcomes. This means during the plans review, the extent to which an individual has been able to achieve their personal outcomes cannot be assessed. One person's plan failed to set out steps to mitigate their identified risks this could have an impact on the individual and others wellbeing.	New
35	The service provider must strengthen selection and vetting systems to enable them to make a decision on the appointment and refusal of all staff.	New

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