



Inspection Report on

Capel Grange Nursing Home

**Capel Crescent
Pillgwenlly
Newport
NP20 2FG**

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Description of the service

Capel Grange Nursing Home is registered to provide nursing care to 44 people over 65 years with nursing care needs, 14 people over 65 years with nursing/dementia needs and 14 people over 50 years with nursing/dementia needs.

The home is situated in Newport and is operated by Linc-Cymru Housing Association Limited. There is an appointed responsible individual (RI) on behalf of the company, responsible for overseeing the management of the home. The manager at the service is registered with Social Care Wales.

One inspector carried out a full unannounced inspection on 11 and 12 September 2018. At the time of inspection there were 72 people living at the service.

Summary of our findings

1. Overall assessment

Overall, we found people using the service are happy and enjoy positive relationships with staff. People live in an environment where their independence is promoted. People are healthy because care workers support them to maintain healthy lifestyles, encourage them to participate in all aspects of daily living and ensure they have access to health and social care services according to their needs. People can relax in a calm atmosphere and are able to spend time individually or communally as they choose.

The home is maintained to a very good state of repair and we considered it to be thoughtfully decorated. There is an ongoing maintenance programme which ensures repair and redecoration requirements are addressed quickly. People are able to personalise their bedrooms according to their wishes, preferences and identities. People have access to a wide range of group activities. Although some one to one activities are taking place this is an area requiring further development. Staff working at the home feel valued and supported because they receive regular supervision, benefit from an approachable manager and receive training which is relevant to the needs of people using the service.

2. Improvements

Staff are receiving more direction and support in the actions they take to meet people's needs. This is because care records are monitored and reviewed on a regular basis by nursing staff. Since the last inspection, people's individual activity needs have been assessed.

The care files of individuals at risk of dehydration include written information for staff to follow should they suspect an individual is at risk of experiencing dehydration. Since the last inspection, generic care records are no longer used.

3. Requirements and recommendations

Section five of this report identifies areas where the home is not meeting legal requirements. It also sets out our recommendations to further improve the service.

1. Well-being

Summary

People living at the service are content and benefit from positive relationships with care workers. People's independence is promoted and they are supported by care workers whom they have developed relationships with. People are encouraged to join in the daily activities programme. Further development of the what matters to me role is recommended. People feel supported and listened to and have opportunities to influence their care.

Our findings

People are supported by staff that they have developed good relationships with and who know and understand their needs. We observed kind and caring interactions between care workers and people living at the service. Light hearted communication was evident throughout the day of our inspection and care workers addressed people by their preferred name. Care workers demonstrated they knew and understand people's needs. We observed lunch in the Kestrel area of the home and saw several people were supported to eat their lunch. Care workers provided support in a kind and caring manner and appropriate encouragement was provided to people when required. We noted people who were able to eat independently and were encouraged to do so. However, care workers provided support when this became more difficult. There was a relaxed atmosphere at the mealtime and people appeared happy and content. People's well-being is enhanced by receiving appropriate and timely support from staff who know them well.

People are encouraged to be as independent as possible. The service employs a small physiotherapy team and we saw people were able to access a private room at the service to complete their exercises, with the guidance of physiotherapy staff. We were told about one person who had received regular rehabilitation and who was able to return to community living. We were also told about another person who had been very unwell but who was now walking independently due to the input received. Throughout our inspection we saw care workers provided support and encouragement to support people to do things for themselves. We also noted care workers provided appropriate support in a timely manner when this was required. People are supported by care workers who understand the importance of providing opportunities for people to maintain and development their level of independence.

People have opportunities to join in an extensive range of group activities. The service employ two well-being co-ordinators, one had responsibility for organising group activities and another who provided more individualised support on a one to one/what matters to me basis. During our visit we observed a coffee morning which was well attended by people living at the service. Newspapers were available and there were sufficient care workers to support people to discuss current events. Music was also being played and people appeared to enjoy joining in with singing. We noted a relaxed and happy atmosphere.

People told us they enjoyed attending the social activities available. One person described it as *“such fun, I really enjoy attending the activities here”*. We spoke with one activity co-ordinator who explained people are given choice and “we are always asking people about their preferences and listen to their requests”. We saw photographs of people taking part in social activities and noted the range of activities available to be extensive, for example pet therapy, reminiscence topics, arts and crafts and name that tune. We also saw a selection of people’s craft work on display in the reception area. People had access to a varied and wide ranging programme of activities. However, although we noted one to one activities were available and provided for some people, it was unclear if this was available to all individuals who choose to be supported in this way. We recommended consideration for the what matters to me role to be further extended so that all people who would benefit from activities on a one to one basis could receive this support on a more regular basis. Although we noted care workers routinely recorded details of the one to one session provided, we recommended that a record of the length of time of the session would also be beneficial. People’s well-being is enhanced by having access to varied social activities and events.

We discussed the Welsh language active offer with the manager. The service does explore communication preferences with people living at the service as a matter of routine. At the time of inspection, there were no people living at the service who wished for their service to be provided in Welsh. We were told some care workers were able to hold a basic conversation in Welsh. The service continued to work towards providing an “Active Offer” of the Welsh language.

2. Care and Support

Summary

People are supported to have choice and control in their lives. People living at the service are supported to maintain healthy lifestyles and referrals are made to relevant health and social care professionals when their needs change.

Our findings

People have choice and feel valued. We observed people were provided with choice and were actively encouraged to express their wishes. We observed people being asked their preferences at mealtimes. We noted care and support plans were detailed and were written in the first person. They included extensive social histories of people living at the service, their likes and dislikes, what mattered to them and the way they liked their care and support provided. People told us *“staff go above and beyond”* and *“all staff are really kind”*. We saw that regular reviews had taken place and people and their representatives were regularly consulted as part of the review process. People we spoke with felt they were *“listened to”* and regularly encouraged to express how they felt. A family member stated *“all care workers work really hard and X is really happy here”*. We noted there was a comments box in the main reception and people and their representatives stated they felt able to make comments if they wished. People’s well-being is maximised by having choice and being listened to.

People are supported to make healthy lifestyle choice. We saw regular involvement of health and social care professionals, such as the general practitioner (GP), dentist and speech and language therapist in people’s care documentation. We noted appropriate risk assessment plans were in place and regularly updated as need changed. One family member told us *“I am kept well informed when X is unwell and they contact the GP for advice”*. We observed healthy and nutritious meals were served at mealtimes and appropriate support provided, for example supporting people to eat, was provided by care workers as identified in care and support plans. We observed people at risk of malnutrition and dehydration were encouraged to eat, received fortified meals and drinks and had food and fluid documentation noted in their files which care workers completed daily. Care workers provided support and encouragement to individuals at risk of dehydration to drink at regular intervals and overall fluid targets were recorded in files which supported staff to ensure appropriate levels of hydration were maintained. We also noted information on file to support care workers to identify potential early indicators of dehydration. We spoke with one member of staff who stated *“we are provided with information to recognise signs of dehydration at an early stage, it’s really helpful”*. People are supported to be as healthy as possible.

3. Environment

Summary

People live in an environment which is relaxed and calm. The service is clean and tidy throughout and care and attention has been made to ensure people are supported in an environment which meet their needs. The home is maintained in a good state of repair and benefits from fixtures and fittings which are considered to be of good quality. People have access to a pleasant garden area. People have their own bedrooms which are personalised and appropriate to meet their needs. All rooms have en-suite facilities and there are assisted bathing facilities on each floor.

Our findings

People are supported in a safe, clean and secure environment, the layout of which enables people to spend time either privately or communally. We observed that the home has spacious living areas, dining areas and areas for spending time socially, for example, a replica public house on the ground floor. People can move safely about the home as there was an electronic system which prevented people leaving the home unescorted. Communal areas on each floor were themed to the local area, were well thought out and provided a relaxed and tranquil space for people living at the service and visitors. Bedrooms were personalised and well furnished and showed evidence of people's personalities and choice. All bedroom doors were representative of front doors and we were told that work was continuing to ensure doors are representative of the person's front door from home. We noted appropriate signage on all floors to help orientate people to the environment. In addition every floor contained some personalisation, for example, box of items meaningful to the person on the outside of their bedroom door.

Access to the home was secure and we were asked for identification and to sign in and out during our visit. We noted all confidential records were stored in lockable cupboards. Examination of gas, electrical, fire and hoisting equipment showed that appropriate checks were being carried out at regular intervals. People live in a safe and pleasant environment which is welcoming and personalised.

4. Leadership and Management

Summary

People are supported by a service which has a clear management structure. People living at the service, their representatives and staff feel able to approach the manager with any concerns. The home has clear systems in place for evaluating the quality of the service it provides and feedback is encouraged to develop and improve the service. Staff are valued and receive regular supervision and training which is relevant to the needs of the people using the service. Safe recruitment procedures are in place to ensure staff employed are fit and competent to carry out their role.

Our findings

People are aware and supported by a clear management structure which identifies lines of accountability. People told us they found the manager was approachable, encouraged feedback, listened and responded appropriately if any concerns were expressed. All people and representatives we spoke with stated they felt *'listened to'* by the manager and staff commented that *"the management are really supportive here"* and *"it's the best place I have ever worked"*. During discussions with the manager it was clear he had an in-depth knowledge of the people living at the service. We saw the manager had a visible presence and was observed to be frequently interacting with people living at the service and their representatives. We observed several people living at the service who expressed a wish to liaise with the manager and we noted the manager gave time to all individuals who wished to consult with him privately. People we spoke with knew who the manager was and spoke fondly about their interaction with him. Routine meetings were held with people living at the service, their representatives and staff which provided regular opportunities for all to feedback their views and wishes. People live in an environment where there is approachable and visible management

The home demonstrates a commitment to driving improvement with clear systems for evaluating the quality of the service provided. This included feedback from people using the service and their representatives, care workers and learning from best practice. The home had completed an annual quality report which took account of the period January 2017 to December 2017. The report provided a realistic view of what had happened at the service during this time frame, and identified things which were working well and identified areas for further development. The manager told us about physiotherapy, nursing and pharmacy students who had placements at the home and how this had supported the identification of best practice and further development of the service. People living and working at the service are able to contribute to its ongoing development and improvement.

Staff working at the home feel valued and their development is supported and encouraged. The home is proactive in the learning and development of care workers and ensures that

training is relevant to the individual needs of people living at the service. We viewed training information for all care workers and found it reflected care workers had completed mandatory training which included adult protection, infection control, health and safety, food safety, first aid at work, emergency first aid, fire awareness, manual handling, and COSHH (chemicals or substances hazardous health). Additional training for example, diabetes, seating/posture and pressure relief, loneliness, skin integrity and positive mental health had also been provided to care workers. All staff we spoke with commented favourably in regards to the training and regular supervision they received.

We viewed the personnel files of three care workers and noted that supervision had taken place regularly and consistently. We identified on one care worker's supervision notes, recordings which tended to concentrate on the negative aspects, with little input from the supervisee on what had worked well. We recommended all workers who supervised staff were reminded of the need to ensure a balanced approach was taken in the recording of supervision. We noted that robust recruitment procedures were in place and all care worker files contained sufficient references, employment histories and proof of DBS (disclosure and barring service) checks prior to employment. People benefit from a service that cares about the well-being of its care workers and places importance on ensuring care workers are well supported, receive appropriate training and regular supervision.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Regulation 12(1) (b) Care and Support. This was because at the previous inspection it was found staff needed more direction in the action they should take to meet people's specific needs and care records should be monitored and reviewed by a registered nurse in order to ensure consistency of care is provided. No impact on people living at the service was identified and therefore a non-compliance notice was not issued at this time. At this inspection we found that a registered nurse was regularly reviewing care documentation and people living at the service and their representatives were being consulted and involved during the reviews. We also found full and detailed documentation was recorded of the review and therefore we find this regulation has been met.

Regulation 16(n). This was because at the previous inspection it was found that people's activity needs should be assessed. No impact on people living at the service was identified and therefore a non-compliance notice was not issued. At this inspection we found people's activity needs had been assessed and that progress had been made via the implementation of a what matters to me co-ordinator. Although we find this regulation has been met we have made a further recommendation in regards to this matter.

5.2 Areas of non compliance identified at this inspection.

There were no areas of non compliance identified at this inspection.

5.3 Recommendations for improvement

- Documentation in relation to social activity preferences, records preferences in regards to one to one as well as group activities.
- Further development of the what matters to me role to enable all individuals who would prefer one to one activities to access this on a more regular basis.
- Actual time spent with individuals who are receiving activities on a one to one basis to be recorded so that this is clearly identifiable.
- Changes to the focus of staff supervision records ensuring the views of the supervisee are more fully captured. Recordings should aim to consist of a balanced approach to feedback and not focus solely on deficits.

6. How we undertook this inspection

This was a full inspection undertaken in accordance with CIW's inspection framework. One inspector visited the service unannounced on Tuesday 11 September 2018 between the hours of 10 am and 4.40 pm and Wednesday 12 September 2018 between the hours of 9 am and 4.30 pm.

The following sources of information were used to support the findings of this report:

- Consideration of information held by CIW including concerns, notifications and safeguarding information.
- Care documentation for three people living at the service.
- Discussions with people living at the service and three people's representatives.
- Discussions with six members of staff, the manager and responsible individual.
- Use of the Short Observational Framework for Inspection (SOFI 2) which is a tool which enables inspectors to observe and record life from a person who lives at the service perspective.
- Observations of daily routines and care practices at the service.
- Latest annual quality assurance document.
- Examination of three staff personnel files.
- Examination of staff training, supervision and induction records.
- Monitoring visits carried out by the responsible individual (RI).
- Statement of purpose, service user guide, emergency protocol information, post fall injury assessment and management procedure, adult safeguarding and medication policies.
- Consideration of the minutes of the most recent meeting of people living at the service and their representatives.
- Consideration of the minutes of the most recent care worker team meeting.
- Consideration of a sample of safety records including gas, electricity and fire.

Information provided by the manager during and after the inspection. Further information about what we do can be found on our website: www.careinspectorate.wales

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Linc-Cymru Housing Association Ltd
Registered Manager(s)	Edgar Bautista
Registered maximum number of places	72
Date of previous Care Inspectorate Wales inspection	09/03/2017 and 13/03/2017
Dates of this Inspection visit(s)	11/09/2018 / 12/09/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service which is working towards providing an “Active Offer” of the Welsh language and intends to become a bilingual service.	